



**MILWAUKEE COUNTY**  
**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Disabilities Services Division**  
***PROGRAM REQUIREMENTS/DESCRIPTIONS***

**YEAR 2016**  
**REQUEST FOR PROPOSAL**  
**PURCHASE OF SERVICE GUIDELINES**

**Issued July 20, 2015**  
**Proposal due 4:00 PM CDT, September 8, 2015**

**DISABILITIES SERVICES DIVISION**

**PROGRAM REQUIREMENTS/DESCRIPTIONS**

**PART 1**

**PROGRAM PROPOSAL REQUIREMENTS**

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## **REQUIRED SUBMITTALS - PROGRAM PROPOSAL**

<b><u>Technical Requirements</u></b>		<b><u>Proposal</u></b>	
<b><u>Item #</u></b>	<b><u>Item Description</u></b>	<b><u>Check each Item Included</u></b>	<b><u>Page # of Proposal</u></b>
<b><u>Part 3 –PROGRAM PROPOSAL</u></b>			
20	Program Organizational Chart		
21	Program Mission Statement		
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25a	Program Logic Model		
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28	Staffing Plan		
29	Staffing Requirements		
30	Current Direct Service Provider/Indirect Staff Roster		
31	Client Characteristics Chart		

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Agency attests that all items and documents checked are complete and included in the proposal packet.

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Agency: \_\_\_\_\_

See also the *2016 Technical Requirements* booklet for additional forms and instructions.

**Program Descriptions begin on page 2-DSD-2**

## Performance-Based Contracts

Over the next few years, the programs up for competitive proposals for 2016 and later will be converted to **performance-based contracts**. The timeframe over which these contracts will be phased in will depend upon the program. Each specific program description will indicate whether it is performance-based and the tentative timeframe over which the performance measures will be implemented. In some cases, 2016 will be used to gather data and obtain a baseline. In other cases, baseline information is already available to the program and the performance incentives will begin to be paid in 2016.

As with non-performance-based contracts, contracts with a performance component will have a base amount that can be earned by invoicing monthly for the quantity of units provided or expenses booked in performing services under the program. However, over and above the base amount of the contract, agencies will have the opportunity to receive additional payments quarterly, or at intervals as determined by the program, by showing that performance goals were met during the associated performance period. Performance goals will be specified for each affected program description in this document. In many cases, these programs will also have additional performance goals that contractors will be expected to meet, but only a portion of those goals have been tied to performance-based payments.

When completing your budget for a performance-based program, budget for the total amount of the contract, the base allocation plus the performance incentive, if any.

Program descriptions may set minimum performance targets. For some programs, the level of performance proposed by respondents over and above minimum targets may, in part, serve as a basis for scoring proposals. In some cases, the required level of achievement for each indicator in order to earn the performance incentive may be arrived at during contract negotiations.

Successful proposers will receive instructions on invoicing for the base amount as well as for the performance-based payments prior to the start of the new contract.

This **PROGRAM REQUIREMENTS/DESCRIPTIONS** document is made up of Program Requirements, Forms and Procedures (Part 1), and Program Descriptions (Part 2). Make sure you read and understand the requirements of the program description in Part 2 before beginning to write your program proposal under Part 1.

## **PROGRAM PROPOSAL: COMPLETE FOR EACH PROGRAM**

A separate PROGRAM PROPOSAL must be completed for each program for which an agency is requesting DHHS funding. Agencies are required to submit a separate program proposal section for each program, not for each site. If an agency offers a program at more than one site, Items 26 and 27 must be submitted **for each site**. One original and five copies of each program proposal must be submitted in order to be considered for programs up for competitive proposals.

## **PROGRAM ORGANIZATIONAL CHART**

ITEM # 20

Provide an organizational chart which shows, in detail, position titles and reporting relationships within the specific program being proposed. Include all positions for which funding is being requested.

## **YEAR 2016 MISSION STATEMENT**

ITEM # 21

Submit your agency's Mission Statement related to the program you are applying for. Explain how it aligns with the Division or Program's stated mission, values or goals.

(Item 21 comprises the points scored under Mission)

## **AGENCY LICENSES AND CERTIFICATIONS**

ITEM # 22

Submit a copy of each agency license or certificate required to provide the service for which you are requesting funds and copies of any notices of noncompliance or restrictions.

## **CULTURAL COMPETENCE**

ITEM # 23

**Cultural Competence** - A set of congruent behaviors, attitudes, practices and policies formed within a system, within an agency, and among professionals to enable the system, agency and professionals to work respectfully, effectively and responsibly in diverse situations. Essential elements of cultural competence include valuing diversity, understanding the dynamics of difference, institutionalizing cultural knowledge, and adapting to and encouraging organizational diversity.

**Cultural Humility** - Cultural Humility recognizes variation within members of a group which may otherwise be similar in terms of race, gender, ethnicity, or other characteristic. The emphasis in Cultural Humility is not on specific knowledge of any given cultural orientation, but rather on an approach which demonstrates a respectful attitude toward diverse points of view, recognizing that groups of individuals cannot be reduced to a set of discrete traits. This approach specifically avoids making broad assumptions about groups based on defined traits or behaviors; instead, it focuses on recognizing and integrating the unique perspective each client brings to the service delivery experience.

**Describe your proposed strategy for developing and maintaining Cultural Competence.** Apart from having a culturally diverse board and or staff, please provide specific examples of existing and/or proposed policies, procedures, and other practices promoting Cultural Competence. A defining characteristic of Cultural Humility is client centered care. Proposers should describe their client centered approach specifically in terms of how it incorporates Cultural Humility.

*(Item 23 partially comprises the points scored under Cultural Diversity and Cultural Competence)*

## **EMERGENCY MANAGEMENT PLAN**

ITEM #24

In order for Agencies under contract with DHHS to be prepared for a natural or man-made disaster, or any other internal or external hazard that threatens clients, staff, and/or visitor life and safety, and in order to comply with federal and state requirements, Agencies shall have a written Emergency Management Plan (EMP). All employees shall be oriented to the plan and trained to perform assigned tasks. **Submit a summary of your Emergency Management Plan (no more than 6 pages) that identifies the steps Proposer has taken or will be taking to prepare for an emergency and address, at a minimum, the following areas and issues:**

1. Agency's order of succession and emergency communications plan, including who at the facility/organization will be in authority to make the decision to execute the plan to evacuate or shelter in place and what will be the chain of command;
2. Develop a continuity of operations business plan using an all-hazards approach (e.g., floods, tornadoes, blizzards, fire, electrical blackout, bioterrorism, pandemic influenza or other natural or man-made disasters) that could potentially affect current operations or site directly and indirectly within a particular area or location;
3. Identify services deemed "essential", and any other services that will remain operational during an emergency (**Note, Agencies who offer case management, residential, or personal care for individuals with medical, cognitive, emotional or mental health needs, or to individuals with physical or developmental disabilities are deemed to be providers of essential services**);
4. Identify and communicate procedures for orderly evacuation or other response approved by local emergency management agency during a fire emergency;
5. Plan a response to serious illness, including pandemic, or accidents;
6. Prepare for and respond to severe weather including tornado and flooding;
7. Plan a route to dry land when a facility or site is located in a flood plain;
8. For residential facilities, identify the location of an Alternate Care Site for Residents/Clients (**Note, this should include a minimum of two alternate facilities, with the second being at least 50 miles from the current facility**);
9. Identify a means, other than public transportation, of transporting residents to the Alternate Care location (**Note, for Alternate Care Sites and transportation, a surge capability assessment and Memorandum of Understanding (MOU) with Alternate Care Site and alternative transportation provider should be included in the development of the emergency plan**);
10. Identify the role(s) of staff during an emergency, including critical personnel, key functions and staffing schedules (**Note, in the case of Personal Care Workers, staff should be prepared to accompany the Client to the Alternate Care Site, or local emergency management identified Emergency Shelter**). Provide a description of your agency's proposed strategy for handling

fluctuations in staffing needs. Examples may include, but are not limited to: referral networks, flexible staffing, on-call staff, or “pool” workers, and other strategies to expand or reduce physical or staff capacity due to crisis, variations in client volume, or other staffing emergencies;

11. Identify how meals will be provided to Residents/Clients at an Alternate Care Site. In addition, a surge capacity assessment should include whether the Agency, as part of its emergency planning, anticipates the need to make housing and sustenance provisions for the staff and/or the family of staff;
12. Identify how Agencies who offer case management, residential care, or personal care for individuals with substantial cognitive, medical, or physical needs shall assist Clients to individually prepare for an emergency and obtain essential services during an emergency, including developing a Care Plan that includes an emergency plan on an individual level.
13. Ensure that current assessment and treatment plan for each Resident/Client with specific information about the characteristics and needs of the individuals for whom care is provided is available in an emergency and accompanies the Resident/Client to the Alternate Care Site. This should include: Resident identification, diagnosis, acuity level, current drugs/prescriptions, special medical equipment, diet regimens and name and contact of next of Kin/responsible person/POA.
14. Identify staff responsible for ensuring availability of prescriptions/medical equipment and Client information at Alternate Care Site;
15. Communicate and Collaborate with local emergency management agencies to ensure the development of an effective emergency plan (typically the fire chief, or his/her designee); and
16. Collaborate with Suppliers and Personal Services Providers.

**Describe, in detail, formal and informal agreements (such as Memoranda of Agreement) which support elements of your plan, as well as any specific examples of tests, drills, or actual implementation of any parts of your plan. Agencies shall have agreements or MOUs with other agencies or operators of Alternate Care Sites and assess the availability of volunteer staff for such emergencies.**

Proposers can find resources for EMPs including sample plans, Mutual Aid Agreement and templates at the following website:

[http://www.dhs.wisconsin.gov/rl\\_dsl/emergency-preparedness/emerg-prep-hva.htm](http://www.dhs.wisconsin.gov/rl_dsl/emergency-preparedness/emerg-prep-hva.htm)

If Proposer serves persons with special needs receiving in-home care, or care in a supportive apartment, it should have the Client, the caregiver or someone upon whom the Client relies for personal assistance or safety complete the below referenced “DISASTER PREPAREDNESS CHECKLIST FOR INDIVIDUALS WITH SPECIAL NEEDS”.

<http://www.dhs.wisconsin.gov/preparedness/resources.htm>

*(Item 24 partially comprises the points scored under Administrative Ability)*

## PROGRAM LOGIC MODEL AND EVALUATION REPORT

*(To be included In Initial Submission of ALL Proposals except for the Birth-3 Program)*

ITEM # 25a

Use single words or short phrases to describe the following:

**Inputs:** List the physical, financial, and human resources dedicated to the program.

**Processes/Program Activities:** List the services to be delivered, **to include any “Required Program Components” as described in the Program Description found in this document.**

**Outputs:** List the volume of processes/program activities to be delivered, **to include any “Expected Outputs” listed in Program Description.**

**Expected Outcomes:** List the intended benefit(s) for participants during or after their involvement with a program, **to include all “Expected Outcomes” listed in the Program description**, as well as any additional outcomes already established for the program. If no “Expected Outcomes” are listed in the Program Description, Proposer shall identify their own expected outcomes for the program. Proposer identified expected outcomes must reflect increases, decreases, or maintenance of knowledge, skills, behaviors, condition, and/or status.

**Indicators** List the measurable approximations of the outcomes you are attempting to achieve, **to include any required “Indicators” listed in the Program Description.** Indicators are the observable or measurable characteristics which indicate whether an outcome has been met, which shall be expressed by number and/or percentage.

For more examples of Inputs, Processes, Outputs, and Outcomes, see DHHS Outcomes Presentation, March 16, 2006, at: <http://county.milwaukee.gov/ContractMgt15483.htm> (Look under “Reference Documents”)

**Projected Level of Achievement-Using column F of your Program Logic Model (Item 25a), identify the number and percentage of participants you project will achieve each “Expected Outcome” for each program proposed.**

Describe methods of data collection proposed. Describe how consumers and community members are integrated into the process of evaluating the program, as appropriate, e.g., through satisfaction surveys, board and committee membership, public forums, etc. Include copies of any instruments used to collect feedback from consumers or the community. Give a specific example of how the results of this feedback have been used.



**PROGRAM LOGIC MODEL and ANNUAL EVALUATION REPORT (Sample)** ITEM # 25a

A	B	C	C1	D	E	F	G	H
Inputs	Processes/Program Activities	Outputs	For evaluation report	Expected Outcomes	Indicators	Projected level of achievement	For evaluation report	
			Actual level of achievement				Actual level of achievement	Description of changes
example Staff  Clients  Community sites (list major ones)  Community living curriculum  Transportation (vans)	Staff establish sites for community activities.	32 unduplicated clients will participate in 500 community living experiences.		Outcome 1: Clients increase awareness of community resources.	Number and percent of clients who demonstrate an increase in awareness of community resources, as measured by pre and post test scores	24 (75%) of clients will achieve the outcome		
	Staff and clients identify community interests.			Outcome 2: Clients increase utilization of public and private services in their community.	Number and percent of clients who demonstrate an increase in utilization of public and private services in their community	24 (75%) of clients will achieve the outcome		
	Staff arrange/coordinate transportation to/from community activities.			Outcome 3: Clients generalize acquired skills to other home and community living situations	Number and percent of clients who generalize acquired skills to other home and community living situations	24 (75%) of clients will achieve the outcome		
	Staff facilitate community activities.							
	Staff conduct pre and post activity workshops to teach and support clients' involvement in community life							

# PROGRAM LOGIC MODEL and ANNUAL EVALUATION REPORT

ITEM # 25a

A	B	C	C1	D	E	F	G	H
Inputs	Processes/Program Activities	Outputs	For evaluation report	Expected Outcomes	Indicators	Projected level of achievement	For evaluation report	
			Actual level of achievement				Actual level of achievement	Description of changes

## PROGRAM NARRATIVE

ITEM #25b

Identify the name and number of the program for which you are requesting funding as it is identified in the Program Description.

Provide a narrative to adequately describe the program you are proposing. The Program Description Narrative MUST correspond with and derive from Item 25a, Program Logic Model.

Refer to the Program Description for all the required program components for the program you are proposing. In particular, each proposed program must include:

- All Required Program Components
- Required Documentation
- Expected Outputs
- Expected Outcomes
- Indicators

If no “Expected Outcomes” are listed in the Program Requirements, Proposer shall identify their own expected outcomes for the program. Proposer identified expected outcomes must reflect increases, decreases, or maintenance of the service recipients’ knowledge, skills, behaviors, condition, or status. Where indicated, programs must utilize Indicators as they appear in the Program Requirements, OR Proposer shall propose a minimum of one indicator for each “Expected Outcome”.

In your narrative, describe the agency's ability to provide this program, and the agency's experience serving the targeted populations. Include any existing agency programs utilizing a similar service delivery system and the number of years the program has been in operation. Discuss past service experience with similar contracts. Specifically address recent and current experience in terms of program volume, target population, dollar amount of contract, and service mix (i.e., types of services provided).

*(Items 25a and b partially comprise the points scored under Service Plan and Delivery)*

*(Items 25b and 25c & 25d (as applicable) partially comprise the points scored under Previous Experience)*

## EXPERIENCE ASSESSMENT FOR NEW PROPOSER AGENCY

ITEM # 25c

For agencies with some history of funding, but without a current DHHS contract. **This document shall be completed by a prior funder**, and is subject to verification.

If unable to get an Experience Assessment from a prior funder, proposer may submit alternate documentation to verify agency experience. Examples of alternate documentation include, but are not limited to: grant agreements, grant proposals, correspondence, contracts, evaluation reports, or annual reports. Please submit this information attached to form 25c. Also please provide contact information of the prior funder, i.e. contact person, title, phone number, and email address.

Performance Assessment for (Agency)\_\_\_\_\_

From (Funding Source)\_\_\_\_\_

Please provide the following information relating to Agency's history with Funding Source.

1. Name of Program\_\_\_\_\_

2. When and for how long did Funding Source fund this program?\_\_\_\_\_

\_\_\_\_\_

3. Program volume: How many people did this program serve?\_\_\_\_\_

4. Target Population: What was the primary target population for this program?\_\_\_\_\_

\_\_\_\_\_

5. What was the dollar amount provided by Funding Source?\_\_\_\_\_/year

6. What services were provided through this program?\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## EXPERIENCE ASSESSMENT FOR NEW PROPOSER AGENCY

ITEM # 25c Page 2

7. Was this program funded through a federal, state or local funding stream under a cost reimbursement framework? (Y/N) \_\_\_\_\_

8. If no longer funding this program, why not? \_\_\_\_\_  
\_\_\_\_\_

9. What level of program performance was achieved? Please calibrate your ratings according to the following scale:

- 0 Does/did not meet expectations
- 1 Meets/met very little of what is/was expected
- 2 Meets/met fewer than half of expectations
- 3 Meets/met more than half of expectations
- 4 Meets/met all expectations
- 5 Exceeds/exceeded all expectations

Please evaluate the following performance areas circling the number corresponding to the rating scale on previous page:

Appropriate use of budget

0            1            2            3            4            5            NA

Comments: \_\_\_\_\_  
\_\_\_\_\_

Achievement of established outcomes

0            1            2            3            4            5            NA

Comments: \_\_\_\_\_  
\_\_\_\_\_

Timely submission of program reports

0            1            2            3            4            5            NA

Comments: \_\_\_\_\_  
\_\_\_\_\_

Accurate submission of program reports

0            1            2            3            4            5            NA

Comments: \_\_\_\_\_  
\_\_\_\_\_

Signed,

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Name (print)\_\_\_\_\_

Title \_\_\_\_\_

Phone\_\_\_\_\_

Email\_\_\_\_\_

*(Items 25c, 25d, or 25e as applicable, partially comprise the points scored under Administrative Ability*

*Item 25c or 25d, as applicable, comprises the points scored under Outcomes and Quality Assurance)*

## EXPERIENCE ASSESSMENT FOR NEW PROPOSER ORGANIZATIONAL LEADERSHIP

ITEM #25d

For new agencies, or for agencies without a contracting history of any kind, complete and submit this form. A separate form should be submitted for the *head of the organization, senior fiscal and program staff*. **This document shall be completed by a prior funder or by a prior employer**, and is subject to verification.

A separate form should be submitted for the *head of the organization and senior fiscal and program staff*. Please have a prior fundor or a prior employer complete the form(s).

If unable to get an Experience Assessment from a prior fundor, proposer may submit alternate documentation to verify organizational leadership. Examples of alternate documentation include, but are not limited to: current or previous position/job description, prior agency's mission statement, W2 form, or annual report. Please submit this information attached to form 25d. Also please provide contact information of the prior funder, i.e. contact person, title, phone number, and email address.

Performance assessment for (Individual): \_\_\_\_\_

From (Agency) \_\_\_\_\_

Please provide the following information relating to Individual's history with Agency.

1. Individual's title \_\_\_\_\_

\_\_\_\_\_

2. When and for how long did Individual work for Agency? \_\_\_\_\_

\_\_\_\_\_

3. Program volume: How many people were served by this program? \_\_\_\_\_

What was Individual's role in program administration?

\_\_\_\_\_ Direct      \_\_\_\_\_ Indirect (supervision)      \_\_\_\_\_ Limited or none

4. Target Population: What was the primary target population for this program? \_\_\_\_\_

\_\_\_\_\_

5. What was the dollar amount provided by Funding Source? \_\_\_\_\_/year

What was Individual's role in fiscal management of the program?

\_\_\_\_\_ Direct      \_\_\_\_\_ Indirect (supervision)      \_\_\_\_\_ Limited or none

6. What services were provided through this program? \_\_\_\_\_

\_\_\_\_\_

7. If no longer funding this program, why not? \_\_\_\_\_

\_\_\_\_\_

## EXPERIENCE ASSESSMENT FOR NEW PROPOSER LEADERSHIP

ITEM # 25d-Page 2

8. What level of program performance was achieved? Please calibrate your ratings according to the following scale:

- 0 Does/did not meet expectations
- 1 Meets/met very little of what is/was expected
- 2 Meets/met fewer than half of expectations
- 3 Meets/met more than half of expectations
- 4 Meets/met all expectations
- 5 Exceeds/exceeded all expectations

Please evaluate the following performance areas circling the number corresponding to the rating scale on previous page:

Appropriate use of budget

0      1                  2                  3                  4                  5                  NA

Comments: \_\_\_\_\_

\_\_\_\_\_

Achievement of established outcomes

0      1                  2                  3                  4                  5                  NA

Comments: \_\_\_\_\_

\_\_\_\_\_

Timely submission of program reports

0      1                  2                  3                  4                  5                  NA

Comments: \_\_\_\_\_

\_\_\_\_\_

Accurate submission of program reports

0      1                  2                  3                  4                  5                  NA

Comments: \_\_\_\_\_

\_\_\_\_\_

Signed, \_\_\_\_\_

Name (print) \_\_\_\_\_

Title \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_



Program Evaluation: Agencies **currently under contract to the DHHS** in 2015 must include a copy of the most recent annual or semi-annual program evaluation report for the program currently provided, or, if several programs are being provided, for the program that is the most similar to the service being applied for in this proposal.

## 2016 PROVIDER SERVICE SITE INFORMATION

ITEM #26

Provide a separate sheet for each site location where services are provided.

Agency Name:	Site Name:
Site Address:	City/State/Zip:
Site Contact Person:	Title:
Phone:	Email:
Fax:	

Describe differences in programs or services available at this site:

Total number of unduplicated consumers you are presently able to serve at any one time: \_\_\_\_\_

Total number of unduplicated consumers you are currently serving: \_\_\_\_\_

Please check if your agency provides the following at this site:

- ☐ Programs for men    ☐ Programs for women    ☐ Programs for men & women  
☐ Services for pregnant women  
☐ Services for families with children    ☐ Childcare provided  
☐ Services for Persons Involved in the Criminal Justice System  
☐ Services for the Developmentally Disabled  
☐ Services for the Physically Disabled  
☐ Services for persons with co-occurring mental health and substance use disorders  
☐ Wheelchair accessible

Hours of operation: \_\_\_\_\_ for specific program    \_\_\_\_\_ for all programs at this site

----- Monday:

----- Tuesday:

----- Wednesday:

----- Thursday:

----- Friday:

----- Saturday:

----- Sunday:

\_\_\_\_\_ Emergency contact available 24 hours \_\_\_\_\_ Emergency number \_\_\_\_\_

\_\_\_\_\_ Agency owns this Service Site

\_\_\_\_\_ Agency leases this Service Site:

Expiration date of Lease: \_\_\_\_\_  
(lease must extend through the end of the contract year, at minimum)

**Item 26 Service Site Certification:**

I certify that the **PROVIDER SERVICE SITE INFORMATION** is correct as of the date of proposal submission.

Signed, \_\_\_\_\_

Name (print) \_\_\_\_\_

Title \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

## PROGRAM ACCESSIBILITY

ITEM #27

What is your agency's plan to serve clients:

- With physical disabilities
- With developmental disabilities
- With hearing impairment
- With visual impairment
- Who are non- English speaking or have limited English proficiency
- Who require personal care assistance

List any other services enhancing program access, e.g. agency located near public transportation, etc.

## **STAFFING PLAN**

ITEM # 28

Describe the staffing plan and its relationship to the volume of clients or services to be provided. Describe in terms of staff to client ratios, client volume or case load per staff, or how many staff are needed to perform a particular activity. Any program with the potential to require 24-hour coverage must submit a detailed description of how, by staff position, coverage will be provided.

Agencies providing services at more than one site must include a description of the staffing pattern for each site, if different. If the staffing pattern is the same for each site, include a statement to that effect.

Describe any employment practices that invest in training, that engage employees in organizational improvement projects and promote teamwork.

*(Item 28 partially comprises the points scored for Administrative Ability)*

(Items 29 and 30 partially comprise the points scored under Staffing Plan)

## YEAR 2016 STAFFING REQUIREMENTS-DIRECT SERVICE STAFF

ITEM # 29

Indicate the number of staff **directly related to achieve your objectives for the program(s) you are applying for**, as indicated by codes 02 and 04 on Forms 2 and 2A. **Executive staff providing direct services to clients should be budgeted as either “Professional Salaries” or “Technical Salaries” on Budget Forms 2 and 2A (Excel spreadsheet referenced in the *Technical Requirements* document).** Provide a job description plus necessary qualifications for each direct service position (sections A & B) (make additional copies as necessary). ***Complete the provider roster (item 30) for current staff working in each program for which a proposal is being submitted.*** If the position is unfilled at the time of proposal submission, indicate the vacancy and provide updated staffing form within 30 days of when position is filled. **For New Applicants for this program, submit calculations showing the agency-wide average of in-service/continuing education hours per direct service provider in the previous year.**

PROGRAM \_\_\_\_\_ 2016 PROGRAM No. \_\_\_\_\_

POSITION TITLE \_\_\_\_\_ NO. OF STAFF: \_\_\_\_\_

Job Description for this position as required to meet the needs of the program specifications. Include qualifications needed to perform job (including certifications or licenses and experience requirements to perform the job). Attach separate sheet, if necessary.

Annual tuition reimbursement granted for this position: \$ \_\_\_\_\_

Actual total hours worked for all employees in this position for the 12 months prior to completing this application: \_\_\_\_\_

Annual turnover for *this position (all employees, full and part-time)*, as measured by total number of separations (including voluntary and involuntary) from this position in the twelve months prior to completing this proposal divided by the total number of employees budgeted in this position for the twelve months prior to completing this proposal (show calculation):  
\_\_\_\_\_/\_\_\_\_\_=\_\_\_\_\_

For New Applicants for this program who may not have had previous history employing individuals to provide these services, provide annual turnover for the agency as a whole (show calculation):  
\_\_\_\_\_/\_\_\_\_\_=\_\_\_\_\_

### CURRENT DIRECT SERVICE PROVIDER AND INDIRECT STAFF (DSP) ROSTER ITEM # 30

ITEM 34 is available as a download from: [http://county.milwaukee.gov/DHHS\\_bids](http://county.milwaukee.gov/DHHS_bids)

This form should be submitted electronically along with the budget spreadsheet.

## CLIENT CHARACTERISTICS CHART

ITEM # 31

### ETHNICITY DEFINITIONS

1. **Asian or Pacific Islander:** All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes China, Japan, Korea, the Philippine Islands and Samoa.
2. **Black:** All persons having origins in any of the Black racial groups in Africa.
3. **Hispanic:** All persons of Cuban, Mexican, Puerto Rican, Central or South American, or other Spanish culture or origin, regardless of race. (Excludes Portugal, Spain and other European countries.)
4. **American Indian or Alaskan Native:** All persons having origins in any of the original peoples of North America, and those persons who maintain cultural identification through tribal affiliation or community recognition.
5. **White:** All persons who are not Asian or Pacific Islander, Black, Hispanic, or American Indian or Alaskan Native.

### DISABLED DEFINITIONS

A disabled individual is defined pursuant to Section 504 of the Rehabilitation Act of 1973.

1. Any person who has a physical or mental impairment which substantially limits one or more major life activities (e.g., caring for oneself, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working);
2. Any person who has a record of such impairment; or,
3. Any person who is regarded as having such impairment.

Describe your data source for completing this form. If your projected client composition differs from your previous year's actual client composition, describe the basis for the difference.

*(Item 31 partially comprises the points scored under Cultural Diversity and Cultural Competence and under Staffing Plan.)*

**2016 CLIENT CHARACTERISTICS CHART**

ITEM # 31

Agency Name \_\_\_\_\_

Disability/Target Group \_\_\_\_\_

Program Name \_\_\_\_\_

2016 Program # Facility Name &  
Address \_\_\_\_\_**CY 2016 Estimated**

**1. Unduplicated Count of Clients to be Served/Year (Form 1, Column 1). If your estimate differs from prior year actual, provide an explanation on a separate attached page. For new applicants, include numbers for the program you are currently providing that is most similar to the program you are applying for.**

**2. Age Group:**

	Number	Percent (%)	Prior year actual
a. 0 - 2			
b. 3 - 11			
c. 12 - 17			
d. 18 - 20			
e. 21 - 35			
f. 36 - 60			
g. 61 & over			
<b>TOTAL</b>			

**3. Sex:**

a. Female			
b. Male			
<b>TOTAL</b>			

**4. Ethnicity:**

a. Asian or Pacific Islander			
b. Black			
c. Hispanic			
d. American Indian or Alaskan Native			
e. White			
<b>TOTAL</b>			

**5. Other:**

a. Disabled individuals			
b. Not applicable			
<b>TOTAL</b>			

**Date Submitted:** 

*The total in each category must be equal to the number in Form 1, Column 1, Total Number of Cases (Clients) to be served per Year.*

(Rev 7/15)



**DISABILITIES SERVICES DIVISION**

**PROGRAM REQUIREMENTS/DESCRIPTIONS**

**PART 2**

**PROGRAM DESCRIPTIONS**

## 2. DHHS PROGRAMS IN THIS VOLUME

### Table of Contents

#### Recommended Programs and Tentative Allocations

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Disabilities Services Division	2-DSD-3

<b><u>DISABILITIES SERVICES DIVISION</u></b>	<b><u>2-DSD-4</u></b>
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*The following services are open for competitive proposals*

DSD 009 - Early Intervention Birth – 3	2-DSD-7
DSD 015 - Supportive Living Options	2-DSD-15
DSD 017 – WATTS Reviews	2-DSD-17
DSD 021 - Fiscal Agent Services	2-DSD-21
DSD 025 - Corporate Guardianship	2-DSD-32

*The following services are not open for competitive proposals (continuing contractors only):*

DSD 005 - Advocacy/Consumer Education	2-DSD-39
DSD 005i - Advocacy/Consumer Education (>\$100,000)	2-DSD-41
DSD 006 - Work Programs	2-DSD-43
DSD 010 – Employment	2-DSD-46
DSD 011 – CLS – Recreation	2-DSD-50
DSD 012 – CLS - Respite-Adult & Children	2-DSD-52
DSD 016 - Supported Parenting	2-DSD-60

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## 2016 TENTATIVE CONTRACT ALLOCATIONS

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### DISABILITIES SERVICES DIVISION (DSD)

Disabilities Services Division has three-year program contract cycles in several program areas.

Agencies that are currently in a multi-year contract cycle (do not require a competitive panel review), **must** submit **all** the items listed under FINAL SUBMISSION, **plus** the Authorization To File (Item 3) as found in the Proposal Contents section of the *Purchase of Service Guidelines - Technical Requirement*.

The following program allocations are tentative and may change.

<b>Continuing Programs</b>	<b>2016 * Tentative Allocations</b>
DSD 005 – Advocacy	\$165,000
DSD 005i – Advocacy/Community Education	\$136,043
DSD 006 - Work Services	\$202,000
DSD 009 - Early Intervention - Birth to Three	\$4,367,600
DSD 010 - Employment Options	\$67,235
DSD 011 – Community Living Support (Recreation)	\$85,250
DSD 012 – Community Living Support (Respite)	\$311,095
DSD 012CR – Stabilization - Crisis Home	\$500,000
DSD 015 - Supportive Living Options	\$344,009
DSD 016 - Supported Parenting	\$76,000
DSD 017 – WATTS Reviews	\$100,000
DSD 021 - Fiscal Agent Services	N/A
DSD 025 - Corporate Guardianship	N/A

**\*Final 2016 allocations are contingent on the 2016 adopted budget.**

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# **Disabilities Services Division**

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## **VISION, MISSION & GUIDING PRINCIPLES**

### **Vision for the Milwaukee County Disabilities Services Division**

All persons with disabilities and their support networks will have maximum individual choice and access to resources leading to full participation in all aspects of community life.

### **Mission of the Milwaukee County Disabilities Services Division**

Our mission is to enhance the quality of life for all individuals with physical, sensory and developmental disabilities and their support networks living in Milwaukee County by addressing their needs and providing individualized opportunities for persons to participate in the community with dignity and respect, while acknowledging their cultural differences and values.

### **Guiding Principles**

Independence: Everyone has a right to do what they want and need to do to function in society.  
Achievement of the highest level of independence  
Continuum: Need to provide a continuum of services  
Real Choice: Self Determination  
Nurturing Relationships/Friendships  
Strengths Based vs. Needs Based  
Respectful and Fully Accessible  
Equality and Rights for All  
Participation in the Mainstream  
High Quality staff, providers, services, options  
Maximum flexibility  
Individualized, Person-Centered, Culturally Competent  
Collaboration and Partnership  
Values cultural and ethnic diversity  
Emphasizes Home and Community Based programs and services  
People have the ability to live where they want to live, and have opportunities to work and recreate  
Total acceptance in the community, no stigma  
Involvement of consumers in the planning process  
Comprehensive grievance system, systemic method to resolve issues  
Continuing grievance system, systemic method to resolve issues  
Continuing community education and advocacy  
All stakeholders as advocates  
Allocation of sufficient resources  
Successful outcomes for each individual

The premise of this approach rests on flexible supports for individuals with disabilities changing through life stages, starting at birth through childhood, adult living and senior years. Services and supports at these critical stages require unique consideration, assessment, planning and intervention to offer appropriate supports to the individuals and families. Providing flexible supports and allowing for changes through life's stages promotes a continued presence in the community, encourages higher achievement levels and successful outcomes for each individual served.

Developmental Disabilities staff expects all providers of services to be familiar with and, aware of, the following in regards to service delivery:

**Selected Providers:**

- must be familiar with developmental disabilities condition and have a basic understanding of the cognitive issues and current service philosophy;
- should be knowledgeable in the person-centered and/or person-directed service planning model;
- must strive for cultural and social competencies, i.e., ethnic, religious or gender factors;
- should be open and seek to address stated preferences of consumer/guardian family;
- should have knowledge of the inclusion philosophy;
- should have knowledge of program design and service implementation in natural environments;
- must be interested in and willing to support or provide reasonable flexibility in service to meet the different consumer needs of the population;
- must be interested in seeking utilization of generic resources for community awareness and participation on behalf of the consumer;
- must be able to plan, coordinate and/or provide transportation services to meet transportation needs (to include the use of family, friends, public transportation, specialized service, or leasing of a vehicle;)
- must be able to plan and collaborate services with other providers and exhibit a cooperative spirit.

All providers must communicate with designated county staff and other providers within confidentiality laws about any incidents or situations regarded as Critical Incidents as defined in the Medicaid Waivers Manual, Chapter IX.

## **PROGRAM DESCRIPTIONS**

### **PROPOSAL SUBMISSION REQUIREMENTS (Applies to all DSD programs up for competitive bid):**

#### **Service/Treatment Process**

#### **For each program for which you are submitting a competitive proposal:**

- (1) List and define each program's activities, purpose of the activity, and the usual size, structure, and schedule of activities or groups.
- (2) Describe the sequence of program activities, including counseling and/or treatment, if applicable. Indicate the phases of service/treatment, the length of time in each phase, and the criteria used to determine movement from one phase to another.
- (3) Describe how and when individualized client treatment plans, goals, and objectives are developed, monitored, and reviewed. Identify by position categories, staff that is involved in this process.

Describe formal relationships and informal arrangements used to leverage resources with other community agencies or programs providing services to the target population. Describe the qualifications of agencies and other professionals. Include copies of letters of agreements, as applicable.

If applying as an incumbent, summarize the process and results of the previous year's evaluation report submitted to DSD. Include any changes made in the program as a result of the evaluation.

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## **FOLLOWING PROGRAMS ARE OPEN FOR COMPETITIVE PROPOSALS**

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### **DEVELOPMENTAL DISABILITIES-CHILDREN**

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#### **EARLY INTERVENTION BIRTH TO THREE SERVICES FOR CHILDREN #DSD009**

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##### **Birth to 3 Program Overview**

The Milwaukee County Department of Health and Human Services Disabilities Services Division (DSD) Children's Program administers the Birth to 3 Early Intervention Program in Milwaukee County. Milwaukee County Birth to 3 Early Intervention builds upon and provides supports and resources to family members and caregivers through evidenced based practices that assist family members and caregivers to enhance child learning and development with in a child's home and community. The Wisconsin Department of Health Services has identified Primary Coach Approach to Teaming as a required evidence based interaction style.

The role of the coach (Early Interventionist) is to "identify the parent's priorities for their child's development, determine what they already know and are doing in relation to their child's development, share new information and ideas, and then work together to support the child's participation and expression of interest within everyday activity settings to provide opportunities for learning."(2)

The key elements of the practice dictate that coaching should be:

- consistent with adult learning
- capacity building
- nondirective
- goal oriented
- solution focused
- performance based
- reflective, collaborative
- context driven
- **as hands-on as it needs to be**

## **Birth to 3 Service Description**

- Developmental Screening
- Evaluation
- IFSP Development
- IFSP Plan Implementation
- Transition

### **Determining Eligibility:**

Programs will be responsible for receiving and processing. Birth to 3 Referrals for families within the Milwaukee County area within specified time frames completing both developmental screening and/or evaluation as appropriate. At the time of evaluation for a child referred to the Birth to 3 Program, the evaluation team must include a service coordinator and at least two qualified professionals (per DHS 90.08 (3) (a)). The parent is included as a member of the evaluation team.

Children and families found eligible for the program will have an assigned early interventionist who will serve as the primary contact/coach for the family from the time of referral to the time of transition from the Birth to 3 Program.

The evaluation team will review existing screens, evaluations, and reports; perform additional evaluations necessary; observe the child in their home or community environment; and complete individual written reports. The evaluation should be constructed to provide information regarding the child's current developmental functioning and supportive information to determine the child's eligibility for services.

The development of the IFSP and implementation of the IFSP plan shall comply with the guidelines and compliance standards of the Federal Indicators used to measure the effectiveness and compliance of services as well as Milwaukee County DSD quality indicators for the Birth to 3 Program. The Early Intervention Plan activities/therapies provided to children and families are based on the concerns and priorities identified in the IFSP.

Activities/therapies may include education, occupational therapy, physical therapy, speech therapy, psychology, assistive technology, nutrition, social work, family training, counseling and home visits, transportation and vision services. Services can include individual service, group activities, and consultation activities with family and providers. Activities/therapies should be identified and implemented to meet the family's needs, schedule, and priorities regarding their child's development.

Applicants must describe how their program design will provide activities/therapies within the context of the child's and family daily routine in natural environments using the **Primary Coach Approach to Teaming** interaction method, you must describe the procedures your agency has or will have in place to monitor the delivery, to support your staff, and to guide your staff in the implementation of activities/therapies for the family



and child using Primary Coaching. Also include within your description any fidelity markers that will clarify steps toward implementation that reference:

- **Joint Planning** : to collaboratively determine the specific activities and strategies the parent will focus on during and between visits, and for parents to determine the specific activity that will be the focus of the next visit
- **Observation**: of the parent and child by the interventionist during the visit
- **Action**: taken by the parent with the child during the visit and between visits
- **Reflective questions**: to determine what the parent already knows and is doing, as well as to foster analysis of information and generation of alternative ideas by the parent
- **Feedback**: from the interventionist that is affirmative and informative, including sharing research-based knowledge and hands-on modeling followed by practice by the parent.

### **Early Intervention Birth to 3 Program Requirements**

1. Comply with all Milwaukee County Disabilities Services Division Birth to 3 Program and DHS 90 Early Intervention requirements related to evaluation(s), eligibility determination, development and implementation of the IFSP, service coordination, obtaining and maintaining information, providing written prior notice to parents, and ensuring parental safeguards are maintained. (I.e. Timelines for service provision.)
2. Maintain appropriate qualified staff to complete developmental screening and evaluations of children assigned by DSD Birth to 3. Staff must meet the personnel and training requirements of DHS 90.
3. Maintain appropriate and qualified staff for the provision of activities/therapies to families and children within the context of the family's daily routines and the child's natural environments.
4. Make available appropriate qualified staff to provide service coordination, to document, monitor and maintain the IFSP with the family, and to link the family with appropriate services and resources (per DHS 90).
5. Provide children and families access to information about community resources for children and families with disabilities.
6. Participate in Milwaukee County DSD Trainings as required.
7. Make documented efforts to ensure diversity in staff that is reflective of the community and populations participating in early intervention programs.
8. Comply with Wisconsin DHS and Milwaukee County DSD evidenced based practices facilitating family participation in evaluations, IFSP development, and provision of activities/therapy delivery in the natural environment. I.e. Primary Coach to Teaming.
9. Review the IFSP with the family every six months and ensure that the information in the IFSP is accurate, properly documented, current, and complete.
10. Comply with the guidelines and requirements for transition of children out of the Birth to 3 program:

- a. The child is no longer in need of early intervention,
  - b. The child is leaving the program because of age,
  - c. The child is transferring or moving out of state, or
  - d. Other transition.
11. Comply with the referral policy and process and requirements implemented by Milwaukee County.
  12. Process all referrals for developmental screening and or evaluation received on within 45 days of receipt.
  13. Provide billing procedures to ensure that third-party revenues are maximized and that the Birth to 3 Parental Cost Share System is implemented and reported as required.
  14. Provide services within a family's primary language maintaining written information available for non-English speaking families, e.g., program descriptions, primary policies, and guidelines for participants.
  15. Enter all child and family data timely into information management systems to ensure data accuracy, with an emphasis on:
    - a. Child Outcomes
    - b. Services Starts
    - c. Notification and Referral to school
  16. Monitor compliance with the identified performance and result indicators, and Milwaukee County DSD quality performance measures on a monthly basis; responding and reporting on data as required.
  17. Participate in assigned weekly meetings, and supervisory meetings.
  18. Participate in Milwaukee County quarterly review and monitoring meetings.
  19. Maintain complete Milwaukee County DSD records of children participating in the Birth to 3 Program. Follow all record maintenance requirements and provided copies of documents in the file as requested when written proper release is obtained and as requested by Milwaukee County DSD.
  20. Participate in file audits annually and semi annually
  21. Participate in Program Improvement Plan development; informed by results and performance measures, and compliance with Milwaukee County DSD program policy; and procedure as appropriate.
  22. Notify Milwaukee County Birth to 3 Coordinator, immediately of unresolved concerns or complaints regarding the delivery of Birth to 3 services with parents or partner agencies.
  23. Participate in other quality improvement activities as required.

### **Program Performance Data and Monitoring**

Milwaukee County Birth to 3's performance is based on compliance with Federal Indicators, compliance with DHS 90 and, in part, procedural guidelines and the quality of IFSP development.

Determination of compliance with Federal Indicators is provided annually.

The 100% compliance indicators considered are:

- Indicator 1 percent of Infants and toddlers with Individualized Family Service Plans (IFSPs) who receive early intervention services *listed* on their IFSP in a timely manner (within 30 days). 100% compliance indicator.
- Indicator 7 percent of eligible infants and toddlers with IFSPs for whom evaluation was completed within 45 days. 100% compliance
- Indicators 8a, 8b, and 8c percent of children exiting Part C who receive timely transition planning. 100% compliance.
- Indicator 14 agency reported data into PPS system is timely and accurate. Agency reported information in PPS is supported by timely and accurately completed IFSP, case notes and therapy notes. Case notes and therapy notes timely and accurately reflect evidence of IFSP being implemented as written.

The results indicators considered are:

(Indicators 2 & 3 are Performance Based Contract Indicators for this contracting period.)

- **Indicator 2 percent of infants and toddlers with IFSPs who primarily receive early intervention services in the home or in programs for typically developing children (natural environments). Target: 95%-100%**
- **Indicator 3 percent of infants and toddlers with IFSPs who demonstrate positive social emotional skills, acquisition and use of knowledge and skills, and use of appropriate behavior. Target: State Targets**
  - All agencies will be required to identify and enter ongoing exit data for each eligible child receiving services
  - Child Outcomes will be collected for each child by the evaluation team and documented on a Child Outcomes Summary Form
    - Children have positive social-emotional skills (including positive relationships).
    - Children acquire and use knowledge and skills (including early language/communication).
    - Children will take appropriate actions to meet their needs.
- Indicator 4 percent of families participating in Part C who report that early intervention services have helped the family. Target: State Targets
  - Family Outcome information will be collected on an annual basis in the form of a family survey. The survey responses will reflect achievement/progress toward the family outcomes.
  - Family Outcome information collected:
    - Families understand their child's strengths, abilities, and special needs.
    - Families know their rights and advocate effectively for their children.
    - Families help their child develop and learn.
    - Families have support systems.
    - Families' access to desired services, programs, and activities in their community.

- Indicator 5 percentage of infants and toddlers from birth to age 1 with IFSPs compared to birthrate. State target: 1.1% of birthrate.
- Indicator 6 percent of infants and toddlers from birth to age 3 with IFSPs. State target: 2.84%

Future contract allocations are based on performance in relationship to Milwaukee County DSD performance contract requirements. The performance requirements for this contracting period include: marked and continuous improvement in percentages of children served in their natural environments as well as child and family outcomes that demonstrate child progress; Federal and State indicators as well as compliance with DHS 90, their quality of service, their quality of IFSP development and their collaboration and cooperation with Milwaukee County DSD. Baseline measures of performance will be initiated the first year of this contract period.

### **Agency Reporting**

On a semi-annual basis, each agency must provide a narrative report to Milwaukee County DSD.

The semi-annual report is due by the last business day of July and must include.

- List of training activities provided for service coordinators. Attach an agenda sheet that records information covered and a signature sheet documenting the list of participants.
    - Note challenges in providing the training if they exist.
    - List training you believe would benefit your staff that the county or state could provide.
  - Include a spreadsheet that identifies those children with whom your agency failed to meet compliance indicator 1, 7, and 8. Ensure that a reason is given for each case and explain efforts your agency will make or has made to correct this in the future.
  - Describe your agency's outreach efforts in the community. This may include individual efforts or collaborations with other agencies or the county.
  - Describe efforts to comply with "natural environment" and describe perceived barriers to meeting compliance.
  - Describe your staff shortages and challenges, if they exist, and efforts your agency has made to retain staff as well as to recruit a diverse work force.
  - Complete the self-assessment reports and individual staff surveys for the annual state review as well as the outcomes assessment report.
  - Provide a spreadsheet that documents Parental Cost Share calculated by family for the first 6 month of the year. The total amount collected or reason(s) the parental cost share was not collected or refunded.
2. Annual report is due to Milwaukee County DSD on or before the 14<sup>th</sup> Business day of January for the previous year and must include the following:
- Describe the challenges faced by your agency in meeting the requirements of DHS 90, quality of IFSP development requirements, and documentation file maintenance requirements.

- b. List of training activities provided for Service Coordinators. Attach an agenda sheet that records information covered and a signature sheet documenting the list of participants.
  - i. Note challenges in providing the training if they exist.
  - ii. List training you believe would benefit your staff that the county or state could provide.
- c. Include a spreadsheet with that identifies those children with whom your agency failed to meet compliance indicator 1, 7, and 8. Ensure that a reason is given for each case and explain efforts your agency will make or has made to correct this in the future.
- d. Describe your agency's outreach efforts in the community. This may include individual efforts or collaborations with other agencies or the county.
- e. Describe efforts to comply with "natural environment" and describe perceived barriers to meeting compliance.
- f. Describe your staff shortages and challenges, if they exist, and efforts your agency has made to retain staff as well as to recruit a diverse work force.
- g. Describe and highlight at least one success in providing services to a family within the context of the community. How did the experience enhance the performance of your overall staff? What barriers to providing services did you and the family face, and how did your staff overcome those barriers?
- h. List any parent education activities your agency provided for the year. Give the date of the event/training/activity, topic, location, and number of parent participants.
- i. Provide a spreadsheet that documents Parental Cost Share calculated by family for the full year. The total amount collected or reason(s) the parental cost share was not collected or refunded.

## **Reporting Program Units of Service**

**Direct service time** is staff time spent in providing services to the program participants, which includes face-to-face contacts (office or field), collateral contacts, telephone contacts, client staffing, and time spent in documentation of service provisions. Direct service does not include indirect time such as that spent at staff meetings, in service training, vacations, etc.)

**Collateral contacts** are face-to-face or telephone contacts with persons other than the program participants, who are directly related to providing services to those participants, and need to be involved by virtue of their relationship to the program participant. Collateral contacts could include contacts with family members, other service providers, physicians, school personnel, clergy, etc.

**For all agencies, a unit of service is one-quarter hour (.25) of direct service time.**

Reimbursement for group services is based on one-hour units of direct service time. The total time must be equally divided among the group participant and recorded in case records of each participant.

## **Documentation**

Direct service time must be documented through an entry in the case notes or narrative for units billed. The case narrative must be contained in the case record maintained by the agency. The narrative entry must include:

1. The date of the contact,
2. The type of contact (fact-to-face, phone, email, etc.),
3. Who the contact was with,
4. The content of the contact, and
5. The number of units (the length of contact).

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## COMMUNITY LIVING SUPPORT - RESIDENTIAL SUPPORT PROGRAMS

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### **SUPPORTIVE LIVING OPTIONS**

**DSD015**

The Supportive Living Options Program (SLO) provides individually tailored training, support and supervision to individual adults to promote, maintain, and maximize independence in community living. The premise of the program is that adults with disabilities can live independently or semi-independent in settings provided the appropriate support arrangements and home can be identified and acquired on behalf of the participant. Program participants are assessed for their abilities, needs, and family or significant other assistance in order to clarify the appropriate service components needed in the supportive living service structure. The goal of the program is to enable the participant to experience a safe, supported, and positive living experience while enhancing their understanding, access and utilization of community. Participants receive guidance with interpersonal relationships and supervision from various agency staff that fosters personal growth. The program model includes four service components: Case Management, Daily Living Skills Training, Daily Living – Maintenance Service, and Supportive Home Care Services.

Agencies interested in applying for these services in this program area must be able to provide the full array of services.

**Case Management Services:** Assessing, planning, monitoring, locating and linking an individual to supports and/or services. Supports needed generally reflect health care services, social services, benefits, or fundamental supports (e.g. housing). Case manager may assist with setting appointments, providing intervention with problems, documenting supports received and aiding through informal counseling or guidance with interpersonal problems or people relationships.

**Daily Living Skills Training:** Training or teaching an individual a skill to develop greater independence. Skill training is task-oriented and time-limited with pre- and post assessment. Areas of focus typically include: personal care, grooming, dressing, food preparation, money transactions, budgeting, home upkeep, use of community resources, community-travel and training on safety issues.

**Daily Living Skills Maintenance:** Assisting/accompanying an individual with typical day-to-day functions that enable community living. This service typically includes functional training, general guidance and supervision of instrumental ADLs, informal intermittent, monitoring critical appointments to lessen vulnerability and increase or maintain success in community living. DL-Maintenance fosters the individual retaining their functional level and generally learning new tasks over time. It is likely that the individual in this category may always require the same level of support to maintain community living.

**Supported Home Care:** Instrumental ADL tasks performed by care workers, or care workers accompany an individual in functions related to personal care, grooming, shopping, medication set-up, mobility in the home and in community, home care and household chores, social activities, health care appointments and other daily living tasks. These tasks are actually hands-on activities performed by personal care workers.



**SERVICES TO BE PROVIDED TO ELIGIBLE INDIVIDUALS****A. Program Description**

The WATTS Review includes assessing an individual's functional abilities and disabilities as well as the adequacy of supervision and services being received when an individual has a protective placement order.

A WATTS Review shall include:

- A visit to the individual.
- A written evaluation of the physical, mental and social condition of the individual and the service needs of the individual.
- Any submitted comments solicited (invited from) the Guardian.

This review is to be made part of the permanent record of the individual.

A report of the review is to be filed with the court that ordered the protective placement. The Report filed with the court should include the:

- Functional abilities and disabilities of the individual including the needs of the individual for health, social and rehabilitative services and the level of supervision needed.
- Ability of community services to provide adequate support for the individual's needs.
- Ability of the individual to live in a less restrictive setting.
- Analysis of whether sufficient services are available in the community and an estimate of the cost of those services including county funds.
- Analysis of whether the protective placement order should be terminated or whether the individual should be placed in another facility with adequate support services that places fewer restrictions on the individual's personal freedom.
- Comments of the individual and guardian and the county's response.

Wisconsin Statutes and Administrative Codes regulate WATTS Reviews. State of Wisconsin Statutes Chapter 55.18, (attached as Exhibit Two and as amended) addresses guidelines for WATTS Reviews.

Disability Services Division (DSD) staff are the fixed point of referral for WATTS Reviews.

## **B. Rights Reserved by Purchaser**

The Purchaser reserves the following rights:

- a. To determine for the purposes of the Agreement the Provider's compliance with all applicable statutes and regulations.
- b. To authorize payment only for services rendered in compliance with applicable statutes and regulations, and to authorize or withhold authorization of payment consistent with the degree to which the requirements of WATTS Reviews have been fulfilled.
- c. To review all records and documentation relating to the provision and reimbursement of services.
- d. To undertake such quality assurance efforts relating to the services provided to clients, as Purchaser deems appropriate.
- e. Purchaser reserves the right to withdraw any consumer from the program at any time if Purchaser deems this is in the best interest of the consumer.

### **Client Rights and Satisfaction**

- a. Provider agrees to comply with all applicable statutes and regulations defining client rights.
- b. Provider will develop and implement a method to annually evaluate the satisfaction of clients in accordance with the requirements of Purchaser standards. Provider shall make copies of the evaluations provided by clients and any summary of the evaluations of all residents available to the Purchaser.

## **C. Emergency Planning**

In order for Provider and clients to be prepared for a natural or man-made emergency, Provider shall develop a written plan addressing:

1. The steps Provider has taken or will take to prepare for an emergency
2. Which, if any of Provider's services will remain operational during an emergency
3. The role of staff members during an emergency
4. Provider's order of succession and emergency communications plan; and

5. How Provider will assist clients to individually prepare for an emergency.  
A copy of the written plan should be kept at each of the Provider's offices.

#### **D. Designated Program Contact**

Marietta Luster, 414-289-6758, (marietta.luster@milwaukeecountywi.gov) will be the Designated Program Contact with the Provider for program related/service issues, and Contract Administration (414-289-5853) will be the primary contact for administrative requirements and contract monitoring.

#### **E. Compensation**

Invoices should be mailed on a monthly basis to DSD. There must be a separate invoice and cost for each client. Direct all invoices to Cleopatra Echols, Disabilities Services Coordinator. The invoice should be sent to, 1220 W. Vliet Street, Suite 300, Milwaukee, WI 53205. This includes all contract invoices.

Each invoice must contain: name of the client; name of the (case manager) or name of contract agency; DSD case number; dates of service; brief explanation of service provided; and total cost for the month. All case notes should accompany the invoice.

In addition, the standard DHHS Revenue and Expense Financial Report spreadsheet is to be submitted monthly to DHHSAccounting@milwaukeecountywi.gov

Allowable Expenses for WATTS Reviews include:

**Direct Service Time:** Time spent meeting with the client, collateral contacts or at a staffing, travel time, etc., and time spent in documentation of service provision. Direct service time does not include indirect time spent at staff meetings, in-service trainings, etc.

**Collateral Contacts:** Face-to-face or telephone contacts with persons other than the client, who are directly related to providing services to the client and who need to be involved by virtue of their relationship to the client. Collateral contacts could include contact with physicians, family members, other service providers, attorneys, school personnel, clergy, etc.

The following are examples of what **cannot be billed** as WATTS Reviews activity: indirect time spent at staff meetings, translation, in-service trainings, marketing, case management, and outreach.

Payment for WATTS Reviews will be based on a flat unit rate of \$175.00 per completed WATTS Reviews. The provider will forward all WATTS Reviews to DSD for signature after the Provider's supervisor reviews them. The provider should send all WATTS Reviews once per week on Tuesdays, or as necessary to DSD. The completed original WATTS Review plus two (2) copies should be forwarded to DSD. All documents related to individual wards should be forwarded to DSD.

1. The Purchaser shall pay Provider for covered services rendered to clients in accordance with the procedures outlined in this agreement and any applicable policies, procedures, Provider Bulletins, memos, etc. issued by Purchaser.
2. The Purchaser expects that the WATTS Reviews will be completed within the timeframes identified by DSD. If the Provider feels that for some reason the payment is not sufficient to cover costs due to some extraordinary or exceptional circumstances, the Purchaser agrees to consider costs and additional costs may be granted on a case-by-case basis.
3. The Purchaser expects individualized reports tailored to the specific needs of the ward and their needs. All completed WATTS Reviews should be sent to: DSD via e-mail (cleopatra.echols@milwaukeecountywi.gov).
4. Purchaser and Provider agree the rate shall include only items and amounts permitted by the Wisconsin Department of Health Services (DHS) *Allowable Cost Policy Manual*.

Provider recognizes the total service needs of the community may not be met under this agreement. The parties agree section 66.0135, Wisconsin Statutes, Interest on Late Payments, shall not apply to payment for services provided hereunder.

The Milwaukee County Department of Health and Human Services (DHHS) Disabilities Services Division (DSD) administers a federal and state client-specific long-term support funding program - Children's Long Term Support (CLTS) Program. This Medicaid Waiver/community-based state program provides services to children with chronic disabilities to assist them with living in their family homes and in the community. Many of the children and families need supportive services i.e., respite, daily living skills or supportive home care. The child/parent directs their own care and is responsible for hiring, supervising and training the provider of these services. Through this service design, the child/parent is the employer of the provider. Because of federal law that prohibits the direct payment of Medicaid Waiver dollars to Waiver recipients and/or parents of minors, the services are paid for through a fiscal agent entity.

Given Milwaukee County Disabilities Services Division's role of administering Waiver programs, which have these specific requirements, the Division has chosen to contract for Fiscal Agent and Financial Management (FA) services to comply with the Medicaid provisions. The primary purpose of the FA is to provide payroll processing and claims submission services for clients who employ providers of in-home supportive services. DSD will authorize funding for the FA to meet payroll requirements of supportive home care providers. Reimbursement for provider wages, payroll taxes, Workmen's Compensation premiums and FA fees will be paid by the **Wisconsin Department of Health Service (DHS) through a Third Party Administrator (TPA)**. Prior experience successfully working with written prior authorizations for client services and claims submission experience with a TPA is preferred.

The functions of the FA include processing payroll and cutting paychecks, creating federal and state accounts for unemployment compensation premiums and payroll taxes, depositing federal and state payroll taxes and withholding, assisting employers in registering for Workmen's Compensation Insurance coverage, paying annual Workmen's Compensation premiums, and preparing various reports and payroll tax returns. In addition, the FA will be responsible for submitting claims to the TPA on behalf of clients for providing these payroll services. The FA will be compensated by the TPA at a rate agreed upon by DSD. Fiscal Agent/Financial Management is a Medicaid Waiver service and will, therefore, be included as a service cost to each client as part of their case plan. By using the FA, the County accomplishes two objectives:

1. The County is not the employer of this group of in-home service providers.
2. It allows clients to choose, hire, and train their own attendants within the framework of Medicaid Waiver and State guidelines.

## **CLTS Program Requirements for Children Receiving In-home Supportive Services**

**The FA entity must comply with the State of Wisconsin Department of Health Service (DHS) Third Party Payment System requirements.**

FA services will be provided under a Fee-for-Services Agreement with the Disability Services Division. The Agreement will include an agreed upon rate for reimbursement of FA services. The Agreement will be for a term of one year, renewable annually upon the mutual acceptance of both parties.

1. For the most recently completed year, the number of clients/children receiving FA services has been averaging about 325 clients per month with 675 average number of pay checks issued per month. An individual client may have one or more care providers during the course of a payroll period.
2. **The cost for the Fiscal Agent/Financial Management service will be added to each individual client's service plan. Therefore, the proposer agency should calculate its cost based on all services for each individual client, including activities of check writing, postage and mailings, processing of payroll, deposit of payroll taxes and filing of federal and state payroll tax returns, issuing required employer payroll forms, assisting in obtaining WC insurance coverage & premium payments, claims submission for Waiver services on behalf of client to the TPA, etc.**
3. Proposer agency will quote a flat rate for FA services based on a per client per month basis. If applicable, proposer should also provide a quote for costs of "Stop Payment" orders or for providing manual or out of sequence special checks for this service. FA agent may not charge client/employer for special checks, nor may they charge the employee, or deduct the cost from employee's check

**Electronic Linked Budget Forms are not required for this Service instead use the Rate Sheet form provided.**

4. Disability Services will not provide any advance or early payment to FA to cover payroll liabilities. At a minimum, payroll must be paid twice a month and within fifteen (15) days of the end of a pay period. Claims submitted to TPA are usually paid within 3 to 4 days of submission. Failure to receive reimbursement for claims from TPA due to errors, omissions or delays by FA are the responsibility of the FA, to rectify. FA shall be liable to pay client's employee within the required 15 days from end of pay period. For this reason, it is imperative that FA have sufficient working capital on hand, or line of credit available to cover unfunded payroll liabilities due to fault of FA. Interest for working capital loans is not an allowable cost and FA may not build cost of interest into Fiscal Agent's contracted rate.
5. Failure of FA to receive reimbursement for claims from TPA due to errors, omissions or delays by Milwaukee County DSD are the responsibility of DSD to

rectify. However, the FA shall still be liable to pay client's employee within the required 15 days from end of pay period even if they fail to receive timely reimbursement from TPA due to delays caused by Milwaukee County DSD.

6. Neither Milwaukee County DSD nor TPA shall reimburse FA for client services performed or paid without a written Prior Authorization for services from DSD. Neither Milwaukee County DSD nor TPA shall reimburse FA for client services performed or paid in excess of the monthly written Prior Authorization from DSD. Neither Milwaukee County DSD nor TPA shall reimburse FA for client services performed or paid based on verbal or written authorization from client's case manager/care coordinator.

**Budget Forms are not required for this Service instead use the Rate Sheet form provided.**

### **Audit Requirements**

The FA shall submit to Milwaukee County DHHS, on or before June 30, 2017 or such later date that is mutually agreed to by Contractor and County, two (2) original copies of a certified program-specific audit/agreed upon procedure report of the Fiscal Agent/Financial Management Program. The audit shall be performed by an independent Certified Public Accounting (CPA) firm licensed to practice by the State of Wisconsin.

The audit shall be conducted in accordance with the State of Wisconsin Department of Health Service Audit Guide (DHSAG), most recent revision, issued by Wisconsin Department of Health Services (on line at: [www.dhs.wisconsin.gov/business/audit-reqs.htm](http://www.dhs.wisconsin.gov/business/audit-reqs.htm)); the provisions of *Government Auditing Standards* (GAS) most recent revision published by the Comptroller General of the United States; and, Generally Accepted Auditing Standards (GAAS) adopted by the American Institute of Certified Public Accountants (AICPA).

The CPA report shall contain the following Financial Statements and Auditors' Reports:

1. **Financial Statements for the Fiscal Agent Program prepared on a Modified Cash Basis as defined in the Fiscal Agent Program fee-for-service agreement.**
  - a. FA Program Comparative Statements of Financial Position – Modified Cash Basis.
  - b. Fiscal Agent Program Comparative Statements of Activities – Modified Cash Basis.
  - c. Cash basis revenue and expenditures must be reported on **Comparative Statements of Cash Flows** for the calendar years under audit regardless of the fiscal agent program years to which they

are related. (Note, comparative statements of cash flows are required because fiscal agent program financial statements are not prepared on the pure cash basis of accounting.)

- d. *Notes to financial statements, **including total units of service provided under contract*** (if not disclosed on the face of the financial statements).
- e. Schedule of expenditures of federal and state awards broken down by contract year. The schedule shall identify the contract number (if applicable) and the program number from the RFP or agreement, and contain the information required by the *Department of Health Services Audit Guide*, most recent revision.

## 2. Auditors Reports for the Fiscal Agent Program

- a. Opinion on FA Program Financial Statements and Supplementary Schedule of Expenditures of Federal and State Awards.
- b. Report on Compliance and Internal Control over Financial Reporting Based on an Audit of FA Program Financial Statements Performed in Accordance with Government Auditing Standards (GAS), and the *DHS Audit Guide*, most recent revision, testing and reporting on items of compliance based on samples and directions contained in Required Audit Procedures, Exhibit X.
- c. A copy of any management letter issued in conjunction with the audit shall be provided to County. If no management letter was issued, the Schedule of Findings and Questioned Costs shall state that no management letter was issued.
- d. Schedule of Findings and Questioned Costs including a summary of auditor's results.
- e. A report on the status of action(s) taken on prior audit findings.
- f. Corrective action plan for all current year audit findings.
- g. Management's response to each audit comment and item identified in the auditor's management letter.

Regardless of status or format, all CPA reports and financial statements referenced above shall be prepared on a modified cash basis of accounting. **For purposes of this contract modified cash basis is defined as follows:**

- 1. Expenses are recognized when paid, with the exception of payroll taxes, which are accrued for wages and salaries, earned and paid.



2. Revenue is recognized when earned, which is upon issuance of paychecks for the related pay period; therefore, there will be a matching of revenue and related modified cash basis expenses for the same fiscal agent program calendar year. Audited revenue reported should correspond to DSD and DHS TPA payments made for the contracted calendar year under review, including the final year-end adjusting payment, if any, made after the calendar year end for the prior contract year.

### **Fiscal Agent Service Provision Responsibilities and Requirements**

1. The fiscal agent shall develop and implement a fiscal agent system for providers of supportive home care services funded with long-term support funds. Duties of a fiscal agent include:
  - \* Creating federal and state employer accounts for Unemployment Compensation premiums and payroll taxes;
  - \* Wage payments to client's care providers;
  - \* Withholding of employee Social Security and Medicare, federal and state income taxes and other employee designated payroll deductions;
  - \* Timely deposit of employee withholding and employer's payroll tax liabilities;
  - \* Timely payment of federal and state Unemployment Compensation premiums, and Worker's Comp premiums and assisting employer in participation in state WC pool;
  - \* Timely filing of payroll tax returns and other required reports;
  - \* Issuance of W-2 forms and other required federal or state forms;
  - \* Recipient cost share statements, if any;
  - \* Timely submission of claims to TPA, if applicable, on behalf of client/employer.
2. The Fiscal Agent/Financial Management (FA) Provider shall function as the federal and IRS fiscal agent, handling care provider wage payments and deductions, and reporting, and tax withholding responsibilities for the client, who is the employer.
3. The FA issues semi-monthly payroll checks/direct deposit made out to the care provider (respite, supportive home care, daily living skills training worker). The checks are mailed to the client, who forwards them to the provider, or with proper documentation sets, up a system of direct deposit. The FA makes deductions for Social Security, Medicare and income tax withholding, and other deductions as necessary, and makes required payments and deposits.
4. The fiscal agent will receive, review, complete and submit all forms, reports, and other documents required by Wisconsin Department of Revenue, Department of Workforce Development or the Internal Revenue Service for Unemployment

Compensation premiums due on behalf of the client. The fiscal agent will also serve as the representative of the client in any investigation, hearing, meeting, or appeal involving an Unemployment Compensation tax question or benefits claim in which the client is a party.

6. The fiscal agent shall comply with all Disability Services fiscal and program reporting requirements.
7. The fiscal agent shall work with County staff and be responsible to develop reports that meet federal and state reporting requirements.
8. The fiscal agent shall represent Milwaukee County DSD interest in resolving any reporting issues or requirements of the IRS and/or Wisconsin DOR or DWD Unemployment Insurance Division.
9. The fiscal agent shall be liable to pay any underpayment of payroll tax deposits, interest or penalties to governmental entities due to errors, omission or commissions of fiscal agent including late payment or deposit of payroll related obligations, or late filing penalties and interest.
10. The fiscal agent must be an entity, which offers similar services as part of its normal business, and may not be a relative or friend of the service provider acting on behalf of a single individual. Examples include:

Independent Living Centers	Consumer Organizations
Banks	Hospitals
Accounting Firms	Nursing Homes
Law Firms	Home Health Agencies
Payroll Service Organizations	Organizations performing FA services for disabled or frail and elderly
11. Disabilities Services will require that the fiscal agent be bonded.
12. The fiscal agent shall assist clients in participating in State Worker's Comp Insurance pool, understanding payroll processing, filling out timecards, and submitting time cards to FA in a timely fashion.
13. The fiscal agent shall provide for an emergency payroll processing service that can handle emergency payroll processing needs outside of the normal procedure.
14. The fiscal agent is responsible to provide all supplies, forms, etc., necessary to provide their services.

## EVALUATION OF FA PROPOSALS

Proposals submitted to provide Fiscal Agent/Financial Management services will initially be ranked based on the following criteria:

### 1. REQUIRED INFORMATION

A proposal lacking criteria, information or assurances required by this RFP may be rejected or removed from the evaluation process or returned to the applicant at the discretion of the Department. At its option, DHHS may waive missing items or information, or may request missing items from the Proposer after the proposal submission due date. If DHHS discovers an apparent error in Proposer's proposal, DHHS may ask the Proposer to correct the error even after the proposal due date deadline. DHHS may seek clarification or ask questions of Proposer after the proposal due date.

### 2. DISADVANTAGED BUSINESS ENTERPRISE (DBE) PARTICIPATION (0-100 points)

Milwaukee County has established overall participation goals on the purchase of goods and services, and construction services utilized in County procurements with Disadvantaged Business Enterprise (DBE) certified firms, in accordance with Chapter 42 of the Milwaukee County Code of General Ordinances.

While this opportunity does not have a specific participation goal, all respondents to this solicitation are hereby directed to use active and aggressive efforts to assist Milwaukee County in meeting or exceeding its overall annual goal of 17% participation of DBE firms on County service procurements and contracts, not related to construction. The directory of certified firms, and further assistance with this initiative, can be obtained by contacting the Community Business Development Partners Department of Milwaukee County (CBDP) at (414) 278-4851, or [cbdpcpliance@milwaukeecountywi.gov](mailto:cbdpcpliance@milwaukeecountywi.gov).

The directory of DBE firms currently certified in the State of Wisconsin can be found at:

<http://wisconsin.gov/Pages/doing-bus/civil-rights/dbe/certified-firms.aspx>

The proposal should include the level of DBE participation, if any. The proposal shall also address the issues of diversity and cultural competence as demonstrated through the applicant's policies, actions, employees, Board/Owner(s)/LLC Member demographics, and minority business certifications from other state or local certifying bodies.

### **3. QUALIFICATIONS - (0-200 Points)**

In the Qualifications section of the proposal, the applicant/individual has the opportunity to furnish credentials of the principal personnel providing the services. The applicant should provide the name, credentials and resume of the principal person(s) providing the services as well as information addressing his/her professional experience as an accountant, fiscal agent, or provider of financial management service. In addition, knowledge of general accounting principles, financial management principles and procedures, financial analysis as well as proficiency in use of data processing methods and software applications could be included in this section. Full points will be given to applicants meeting minimum requirements for this criterion. Advanced certifications, CPA license and/or up-to-date maintenance of AICPA CPE requirements will be considered a plus. In the event of a tied score for this criterion, the applicant with “preferred” or “desired” qualifications, or qualifications considered “a plus” will be awarded twenty (20) additional bonus points for this criterion.

### **4. EXPERIENCE - (0- 300 Points)**

In the Experience section of the proposal, the applicant/individual has the opportunity to describe in greater detail (than the Qualifications section) the principal service provider(s)’ professional experience as an accountant, fiscal agent and/or provider of financial management services, as well as experience in the application of data processing methods of accounting and proficiency in use of other software applications. As part of Experience, the proposal may also include information that supports the applicant's ability to compile and objectively analyze very large volumes of data, and large databases; to perform accounting functions, to prepare written reports; and, to effectively and cooperatively assist and direct others. In the event of a tied score for this criterion, the applicant with “preferred” or “desired” experience, or experience considered “a plus” will be awarded thirty (30) additional bonus points for this criterion. Prior experience successfully working with written Prior Authorizations for client services and claims submission experience with a TPA is preferred.

The proposal could include the following drafted or prepared by the FA agency or principal service provider(s):

- a. a written plan for maintaining a client and care provider database including authorization and acceptance of new CLTS clients, set up of client accounts with governmental agencies and receipt, maintenance and monitoring of client care provider’s time reported compared to units or amount authorized in Prior Authorizations from Milwaukee County DSD;
- b. correspondence/reports prepared by the service provider which includes an analysis, compilation of findings, calculations and recommendations;

- c. copies of previously prepared data/statistical, fiscal and/or budget analysis reports or other special assignments or projects.
- d. letters of support relative to work experience;
- e. references, certifications, professional or industry memberships, etc.

## **5. TIME SCHEDULE AND FEE FOR SERVICES - (0-400 Points)**

The Time and Fee for Services information should indicate the timeline or schedule in which the FA will perform all required duties of financial management services. The applicant should indicate the fee or rate for FA services, which must be on a per client per month basis. The proposed fee must be submitted on Exhibit Y, Fiscal Agent RATE SHEET. Applicants should fully comply with the above request. For item 1 of Exhibit Y, Calculation of points to be awarded to lowest and each subsequent proposal will use the lowest dollar rate for per client per month as a constant numerator and per client per month rate of the proposer being scored as the denominator. The result then is multiplied by the total number of points provided in this section of the RFP. Lowest per client per month rate will receive the maximum number of points available for this criterion. The other proposals will receive prorated scores based on the proportion that per client per month rate of the proposals vary from the lowest per client per month proposal. Proposals need to answer "Yes" or "No" to Items 2 and 3 of exhibit Y. Each "Yes" answer will reduce the calculated score in Item # 1 by 20 points. "No" answers will have no impact on calculated score of Item #1. If Answer is "Yes", then the Prosper needs to provide the amount it will charge in comments column in exhibit Y. In no case may the provider charge or withhold any fee from paychecks to Client or their service providers (examples: out of turn checks fee, prepayment fee or encashment of paychecks for a fee, etc.

### **TOTAL POSSIBLE SCORE 1000 POINTS**

The evaluation committee's scoring will be tabulated and proposals ranked based on the total numerical scores, comprising the sum of both technical and fee/rate scoring. The Department makes no guarantee or representation that the firm or individual under contract to perform this work will receive the entire allocation for this program.

## **EXHIBIT X**

### **FISCAL AGENT SERVICES**

**DSD021**

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#### **REQUIRED AUDIT PROCEDURES FOR FISCAL AGENT AUDIT REQUIREMENTS**

The auditor will, at a minimum, examine and report on the following internal control and compliance matters.

1. Recalculation of at least one month payroll, payroll taxes, reimbursable expenses and processing fees, and reconciliation to the monthly billing submitted to DHHS. *Any discrepancy, regardless of materiality, shall be reported as a finding.*
2. Reconcile annual payroll and payroll taxes to relevant payroll tax returns filed with Internal Revenue Service, Social Security Administration, and Wisconsin Department of Workforce Development. *Any discrepancy, regardless of materiality, shall be reported as a finding.*
3. Examine insurance coverage. *Any discrepancy from the insurance requirements shall be reported as a finding.*
4. Test internal controls over reporting, to include at a minimum,
  - a. Testing of at least 100 payroll checks, recalculating gross payroll and calculation of employee and employer payroll taxes;
  - b. Testing the calculation of processing and stop payment fees charged, including examination of the underlying supporting documentation for the fees; and
  - c. Testing reimbursable expenses charged, including examination of the underlying supporting documentation for the expenses.

## **EXHIBIT Y**

Fiscal Agent RATE SHEET  
Disabilities Services Division  
Children's Long Term Support Waiver Program

Service: **Fiscal Agent and Money Management Services** **#DSD021**

Proposer must submit a rate for Billable Services as required in the RFP document

#	Service	\$ Amount		Comments (if any)
1.	Per Client Fee (FA** and CP* processing) per month - No limit to number of checks per month			
2	Stop Payment Fee	Yes/No	If Extra charge provide amount per stop payment in comments column	
3	Manual or Out of turn Check Fee	Yes/No	If Extra charge provide amount per manual check in comments column	

\*Claim submission and processing (for payment, error correction etc) to TPA.

\*\*Fiscal Agent services like payroll processing, tax deduction and tax deposit, WC registration & premium payments and tax form submission, including W2 to Providers and providing answers to tax authorities for queries, wage verification etc and be responsible for penalties or interest charged etc.

\*\*\*TPA: Third Party Claim Administrator

\_\_\_\_\_  
**Authorized Signature**

\_\_\_\_\_  
**Company Name**

\_\_\_\_\_  
**Printed Name**

\_\_\_\_\_  
**Title**

\_\_\_\_\_  
**Date**

**I. SERVICES TO BE PROVIDED TO ELIGIBLE INDIVIDUALS****General Terms and Conditions**

Provider agrees to meet Federal, State and County service standards as expressed by Federal, State and County statutes, rules and regulations applicable to the services covered by this Agreement. Services provided under the terms of this contract shall be provided in compliance with all applicable requirements of the Corporate Guardianship program, and applicable policies, procedures, laws and regulations of the Department of Health and Human Services.

Provider agrees to secure, at Provider's own expense, all personnel necessary to carry out Provider's obligations under this Agreement. Such personnel shall not be deemed to be employees of the Purchaser. Provider shall ensure Provider's personnel are instructed not to have any direct contractual relationship with the Purchaser.

Provider agrees to provide annual education to personnel to support the role of representing the ward. This education should include at minimum the following: Ethics and Boundaries, Guardianship and Protective Placements, Mandated reporting. As well as ongoing targeted trainings to support knowledge of the diagnosis of the population served such as cognitive disabilities and physical disabilities. Verification of personnel training should be made available to Purchaser at intervals determined by DSD.

Provider agrees to develop a standard for measuring stability as well as a standard for assessing for appropriate successor guardians that is aligned with DSD requirements in effort to support ongoing evaluation on need for Corporate Guardianship.

Provider agrees to cooperate with departments, agencies, employees and officers of Purchaser in providing the services described herein.

Wisconsin Statutes and Administrative Codes regulate corporate guardianships. State of Wisconsin, Department of Health & Family Services, HFS-85, addresses Non-profit corporations as guardian. A private nonprofit corporation organized under Wisconsin statutes Ch. 181, 187, or 188 is qualified to act as guardian of the person or of the property or both, of an individual found to be in need of guardianship under s. 880.33, if the Department of Health and Family Services, under rules established under ch. 55, finds the corporation a suitable agency to perform such duties.

The Corporate Guardianship Program is provided by professional staff and is based on the specific needs of each ward. The guardian's paramount responsibility is to safeguard each ward's health, safety and habilitation ensuring that the necessary care, service and supervision is provided.



Corporate guardianship in Milwaukee County permits a non-profit agency to be appointed by the Probate Court to assume responsibility for making personal and or financial decisions for an individual who has been deemed incompetent.

Corporate guardians for Milwaukee County are non-profit corporations that are certified by the State of Wisconsin and currently listed in the *DHFS Corporate Guardianship Directory*. Corporate guardians are set up to provide guardianship services for individuals who have no close or supportive family members or other support people in their life, and who need legal protection. The ward is deemed to need a corporate guardian instead of a volunteer guardian because his/her family situation is volatile, dysfunctional, or there are severe behavioral issues.

Disability Services Division (DSD) staff are the fixed point of referral for Corporate Guardians who provide guardianship services for adults between the ages of 18-59. The corporate guardianship provider must state in writing that they agree to cooperate with DSD to accept, substitute and/or transfer wards via the successor guardianship process, when deemed appropriate by DSD.

DSD will only approve corporate guardianships after all other alternatives have been explored. All requests for corporate guardians must be submitted in writing using the Corporate Guardianship Request Form. This form should be submitted to DSD Administration for consideration before submitting the Guardianship Referral packet. The form may be submitted to the Designated Program Contact (Marietta Luster).

It is the position of DSD that corporate guardians should be utilized on a short-term temporary basis. The goal must always be to stabilize the current situation and eventually move the consumer to an appointed volunteer legal guardian. DSD recognizes that the timeframe for this to occur will be different in every situation, however the ongoing review of the corporate guardian's involvement with the consumer will be done to assure that if at all possible a successor guardian is being sought for that person.

## II. SERVICE REQUIREMENTS

Contract agencies will provide a semi-annual report using the *Milwaukee County Disability Services Division Corporate Guardianship Semi Annual Summary Report* form (due July 14, and January 14, of each year). This report includes a brief narrative on the ward's status. If the corporate guardian feels that the ward's status has sufficiently stabilized so that s/he no longer requires a corporate guardian and could be served by a volunteer guardian, s/he will complete the GAIN Referral form and send it to DSD with the semi-annual report.

Services include, but are not limited to making personal decisions regarding health care, housing, nutrition, social needs, etc., on behalf of the ward, and ensuring that all benefits due the ward are applied for and provided and that the ward is as integrated into the community as possible.

Specifically, the corporate guardian within the Milwaukee County Corporate Guardianship Program provides the following services:

- Attend Individual Support Planning meetings to set up realistic and attainable goals
- Monthly, visit the ward at his/her home and day/work program (if applicable)

- Help to integrate the ward into the community by promoting inclusion and advocate to move the person to the most integrated home and work/day setting possible (as needed).
- Ensure that the best possible medical treatment and financial management is in place
- Appear in court on behalf of the ward to justify guardianship or to justify changing corporate guardianship status to volunteer guardianship status or to dismiss guardianship (as appropriate)
- Advocate for changes in housemates or staff (as needed)
- Advocate for contact restrictions with persons including but limited to family members that are involved with the ward in a way that is unhealthy, unsafe or exploitative (as applicable)
- Proactively seek information on possible successor guardians within the wards support system that may be appropriate to serve on a long term basis
- Maintain ongoing accurate, and descriptive case documentation that are aligned with the guidelines provided by DSD

#### Eligibility Standards for Recipients of Services

Provider and Purchaser understand and agree Milwaukee County determines the eligibility of Corporate Guardianship consumers. Services may be provided only to clients authorized in writing by Purchaser.

#### Rights Reserved by Purchaser

The Purchaser reserves the following rights:

- f. To determine for the purposes of the Agreement the Provider's compliance with all applicable statutes and regulations.
- g. To authorize payment only for services rendered in compliance with applicable statutes and regulations, and to authorize or withhold authorization of payment consistent with the degree to which the terms of the Purchaser's care plan for the client have been fulfilled.
- h. To review all records and documentation relating to the provision and reimbursement of services.
- i. To be notified within 24 hours in the event of death of a client.
- j. To be notified within 48 hours of all hospitalizations, other facility admissions, significant physical injuries or changes in a consumer's medical physical or mental health status that may impact the consumer's service plan.
- k. To be notified of any short or long-term changes in a consumer's living situation. Purchaser reimbursement to the Provider will be suspended for the duration of time a participant may spend in a Medicaid-funded facility.

- l. To be notified in advance and in writing of intent to resign from Corporate Guardianship responsibilities with an explanation of what is prompting the resignation.
- m. To undertake such quality assurance efforts relating to the services provided to clients, as Purchaser deems appropriate.
- n. Purchaser reserves the right to withdraw any consumer from the program at any time if Purchaser deems this is in the best interest of the consumer.

#### Client Rights and Satisfaction

- o. Provider agrees to comply with all applicable statutes and regulations defining client rights.
- p. Provider will develop and implement a method to annually evaluate the satisfaction of clients in accordance with the requirements of Purchaser standards. Provider shall make copies of the evaluations provided by clients and any summary of the evaluations of all residents available to the Purchaser.

### III. EMERGENCY PLANNING

In order for Provider and clients to be prepared for a natural or man-made emergency, Provider shall develop a written plan addressing:

- 1. The steps Provider has taken or will take to prepare for an emergency
- 2. Which, if any of Provider's services will remain operational during an emergency
- 3. The role of staff members during an emergency
- 4. Information and verification training provided to staff to prepare them for their role in the emergency plan
- 5. Provider's order of succession and emergency communications plan; and
- 6. How Provider will assist clients to individually prepare for an emergency.

A copy of the written plan should be kept at each of the Provider's offices.

### IV. COMPENSATION

Invoices should be submitted on a monthly basis to DSD. There must be a separate invoice for each client. Each invoice must contain: name of the client; name of the case manager or name of contract agency; DSD case number; dates of service; brief explanation of service provided; number of units billed for each service; total number of units billed per month; and total cost for the month. A monthly case note should accompany the invoice.

Each direct service and collateral contact should be documented on the case note in "real time." For example, if a corporate guardian receives 15 different voice messages from various

providers over the course of the month and each message takes 1 minute to listen to and document, then each case note entry should reflect one minute of time. At the end of the month, record the general category of phone messages with the dates received in parentheses. Then the total time, in this example, would be 1 unit or 15 minutes.

Any invoice that exceeds \$250.00 must be **pre-approved** by Milwaukee County. If additional cost has not been pre-approved, the invoice will be paid at \$250.00 or less.

Allowable Expenses for Corporate Guardianship include:

**Direct Service Time:** Time spent meeting with the client at a staffing, medical appointments, etc., and time spent in documentation of service provision. Direct service time does not include indirect time spent at staff meetings, in-service trainings, etc.

**Collateral Contacts:** Face-to-face or telephone contacts with persons other than the client, who are directly related to providing services to the client and who need to be involved by virtue of their relationship to the client. Collateral contacts could include contact with physicians, family members, other service providers, attorneys, school personnel, clergy, etc.

The following are examples of what **cannot be billed** as corporate guardianship activity:

- a) Completing billing forms or making calls to County employees about invoices;
- b) Case Management-related activities such as “day to day” monitoring of non-emergency, “ongoing” issues (monitoring food intake, monitoring day program activities, ongoing medication management, daily or weekly conversations or lunches with client, planning outings, etc.).

Payment for Corporate Guardianship will be based on a unit rate per quarter hour per client.

A. Payment for services and unit rates

For all services provided through the Corporate Guardianship Program:

The rate is \$12.50 per unit, with 4 units per hour – Total of \$50.00 per hour. **Limit of 5 service hours per month or \$250.00 maximum charge for corporate guardianship services per month.** Corporate guardians cannot bill more than 5 service hours per month without written pre-approval by DSD’s Designated Program Contact (Marietta Luster).

1. The Purchaser shall pay Provider for covered services rendered to clients in accordance with the procedures outlined and any applicable policies, procedures, Provider Bulletins, memos, etc. issued by Purchaser
2. Purchaser reserves the right to decrease the units of service to meet actual needs. An increase in the units of service to be provided may be negotiated.
3. Purchaser and Provider agree the rate shall include only items and amounts permitted by the Wisconsin Department of Health and Family Services (DHFS) *Allowable Cost Policy Manual*.

- B. Provider recognizes the total service needs of the community may not be met under this agreement. Purchaser is unable to guarantee volume of requests funded by this Agreement. The parties agree section 66.0135, Wisconsin Statutes, Interest on Late Payments, shall not apply to payment for services provided hereunder.

## **FOLLOWING PROGRAMS NOT OPEN FOR COMPETITIVE PROPOSAL**

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Disabilities Services Division has three-year program contract cycles. **All agencies that are in the second or third year of a multi-year contract cycle in 2016 are not open for competitive proposals.** Agencies that are currently in a multi-year contract cycle (do not require a competitive, panel review), **must** submit **all** the items listed under FINAL SUBMISSION, the Authorization To File (Item 3), **plus the semiannual evaluation report** as found in the Proposal Contents section of the *Purchase of Service Guidelines - Technical Requirements*. **The following programs are currently in a multi-year contract cycle:**

- DSD 005 – Advocacy
- DSD 006 – Work Programs
- DSD 009 – Birth to Three
- DSD 010 – Employment Programs
- DSD 011 – CLS Recreation
- DSD-012CR – Stabilization-Crisis Home
- DSD 015 – Supportive Living Options
- DSD 016 – Supportive Parenting

All Initial Submissions, regardless of contract cycle year, must be received by DHHS **no later than 4:00 p.m. on Tuesday, September 8, 2015.**

The program description(s) for many of the above multi-year cycle program(s) follows for the benefit of continuing contractors.

# **ADVOCACY**

## **ADVOCACY/CONSUMER EDUCATION**

**DSD005**

Services are designed to assist individuals and their families to speak for their interest and need, and to promote community sensitivity and responsiveness to disability issues. Self-advocacy, parental, guardian and/or significant other advocacy should promote opportunities to share experiences, learn client/disability rights information and work on self-expression of disability issues. These areas focus on obtaining or maintaining access to community resources to enhance community living, acquire specialized services, in addition to addressing service needs and gaps. Advocacy effort is also intended to be a support network to, and for, adults with disabilities and their families aiding with system change initiatives.

Advocacy agencies are expected to provide or coordinate training forums on self-determination and person directed supports, community education, core service areas, and personal safety with the goal of enabling the consumer to engage in a self-directed support model.

Service emphasis should reflect a shift to self-advocacy. Program designs must include elements of consumer education to persons with disabilities in person directed and centered planning, fundamentals of self-determination, social/peer relationship building, and self and system advocacy. Parental and family linkages are anticipated to continue through support groups, or through focus group discussions.

This area also seeks to provide training/in-service to participants, families, agency partners (i.e. school personnel, health care system), and community at-large on system access and challenges in disabilities i.e. adult long term support system, waitlist, funding programs, budget cycle, transitioning from school services for awareness of needs, funding and how to impact the supports system.

### **Advocacy Service Requirements:**

#### **Advocacy**

The agency will provide or coordinate self-advocacy training for individuals with developmental disabilities and coordinate parent/guardian or siblings and significant other advocacy training on behalf of consumer with disabilities.

Two (2) times per year the agency will provide or coordinate system advocacy training/in-service for consumers and significant others.

Two (2) times per year the agency will facilitate person-directed education and training for self-advocates, and their families.

One time yearly (mid-year) the advocacy agency will participate in a system discussion session with DSD staff to review consumer concerns, discuss service outcomes/satisfaction, unmet and under-served consumer needs and progress of consumer education sessions.

Annual program evaluation or program service summary should be included in the Year 2013 Purchase of Service application submittal, if applicable.

### **Consumer Education**

The agency will provide training with emphasis on self-expression, choice, person-centered services and elements of self-determination.

The agency will issue a participant survey to identify topics for training directed to consumers or families.

The agency will develop a tool to measure the progress or benefit of the training sessions.



This advocacy program provides up to \$136,043 for advocacy and consumer education services.

Services are designed to assist individuals and their families to speak for their interest and need, and to promote community sensitivity and responsiveness to disability issues. Self-advocacy, parental, guardian and/or significant other advocacy should promote opportunities to share experiences, learn client/disability rights information and work on self-expression of disability issues. These areas focus on obtaining or maintaining access to community resources to enhance community living, acquire specialized services, in addition to addressing service needs and gaps. Advocacy effort is also intended to be a support network to, and for, adults with disabilities and their families aiding with system change initiatives.

Advocacy agencies are expected to provide or coordinate training forums on self-determination and person directed supports, community education, core service areas, and personal safety with the goal of enabling the consumer to engage in a self-directed support model.

Service emphasis should reflect a shift to self-advocacy. Program designs must include elements of consumer education to persons with disabilities in person directed and centered planning, fundamentals of self-determination, social/peer relationship building, and self and system advocacy. Parental and family linkages are anticipated to continue through support groups, or through focus group discussions.

This area also seeks to provide training/in-service to participants, families, agency partners (i.e. school personnel, health care system), and community at-large on system access and challenges in disabilities i.e. adult long term support system, waitlist, funding programs, budget cycle, transitioning from school services for awareness of needs, funding and how to impact the supports system.

### **Advocacy Service Requirements:**

#### **Advocacy**

The agency will provide or coordinate self-advocacy training for individuals with developmental disabilities and coordinate parent/guardian or siblings and significant other advocacy training on behalf of consumer with disabilities.

Eight (8) times per year the agency will provide or coordinate system advocacy training/in-service for consumers and significant others.

Two (2) times per year the agency will facilitate person-directed education and training for self-advocates, and their families.

Twice yearly the advocacy agency will participate in a system discussion session with DSD staff to review consumer concerns, discuss service outcomes/satisfaction, unmet and under-served consumer needs and progress of consumer education sessions.

Annual program evaluation or program service summary should be included in the Year 2015 Purchase of Service application submittal, if applicable.

### **Consumer Education**

The agency will provide training with emphasis on self-expression, choice, person-centered services and elements of self-determination. This includes four (4) public information and educational presentations in order to increase the community's knowledge and awareness of developmental disabilities, services and/or consumer needs associated with the disability. These sessions must focus on self-expression, choice, person-centered services and self-determination.

The agency will provide two (2) training sessions on community resources and service options in conjunction with community resources in order to facilitate the development of consumer choice in service planning.

The agency will provide early outreach to families that have a child with a developmental disability that is entering the school system, and provide the information and technical assistance necessary to assist the family in building a network of support that can be accessed as their child progresses through the school system.

The agency will increase multicultural outreach and participation in its Advocacy and Education programs by traditionally-underserved consumers, professionals and family members. Two (2) educational sessions yearly will be held in locations within diverse neighborhoods to increase participation by underserved populations.

The agency will issue a participant survey to identify topics for training directed to consumers or families.

The agency will develop a tool to measure the progress or benefit of the training sessions.

Adult work service programs provide opportunities for paid work to consumers with a wide range of developmental disabilities conditions and support needs. This range includes individuals with minimal, moderate and severe cognitive challenges, in addition to consumers with very specialized needs, i.e., challenging behaviors, medically fragile or limited mobility. Critical for participation in this area is the consumer's interest in the program, their ability to learn and attend to tasks, behavioral concerns and personal attitude towards work.

Work service programming offers a variety of paid work projects from various community businesses that present commensurate wages to participants. Variations in work group sizes and work environments are utilized to offer flexibility and change in work format. Several work locations exist to address the needs of consumers throughout the county.

A component of work programs is a focus on work related behaviors. These activities include; assisting the program participant in understanding the value and demands of a work environment, modifying or developing positive work attitudes and appropriate work behaviors. Emphasis is on developing work skills and increasing the person's productivity to maximize earnings and become more independent.

All programs provide:

- \* Monitoring of participant's progress
- \* Training in performing work tasks
- \* Training in work or appropriate social behaviors
- \* Serve as an informational resource for the participant, families and/or significant others.

### **Agency Administrative Requirements**

Agencies are expected to review individual referrals for applicant appropriateness for services within 30 days of receipt. Written disposition should be submitted to Disabilities Services (designated personnel) and to the applicant; which should include recommending other vendors or services.

Notify Disabilities Services, verbally and in writing, of significant program problems impacting the ability to deliver the services.

The agency must issue a Consumer Satisfaction Survey and provide a written summary of the results to DSD staff and DHS Contract-QA personnel.

Produce an annual program summary/evaluation to be submitted with upcoming year application Purchase of Service Guidelines for 2012, if applicable.

### **Work Program Requirements**

1. Each program participant should have a service plan (SP) and progress component. The plan should include program goals/objectives, work task performed and progress.
2. Provide ongoing monitoring of progress toward attaining SP goals, institute changes as needed.
3. Review the participant's progress at least every six months(or semi- annual) and maintain written documentation of participant's progress in the case file. The review should include the program participant's potential for community employment. Placement or referral for employment support shall be made when indicated.
4. Provide transportation or coordinate transportation for persons unable to use public transportation.
5. Occupational skill training programs shall have written curricula with timelines and deemed appropriate per each participant.
6. Refer participants to needed community services as appropriate. Encourage and support the individual's integration into community life through self-help, advocacy and recreational opportunities.
7. Provide case/applicant support and informal counseling for individuals as needed. Refer to psychological, alcohol and drug abuse, or other specialized counseling as appropriate to assist with interpersonal and community living problems.
8. Provide or facilitate training/in-service on;
  - \* once annually on the elements of self-determination to participants.
  - \* periodically provide information on specialized and integrated recreational and educational activities to facilitate social/functional development.

### **Expected Outcomes**

Disabilities Services Division is seeking the following service outcomes:

- Clients maintain or increase general (not job specific) work skills as identified in client's service plan.

- Clients maintain or increase work appropriate social interaction as identified in client's service plan or agency work standard.
- Clients maintain or increase productivity.
- Clients meet the standards for participation in Supported Employment.

**Key supporting indicators for these outcomes include:**

1. Number of consumers referred or targeted for Employment Programs
2. Number of consumers placed on the Wait List for Employment
3. Hours worked vs. program time
4. Total wages paid to consumers/year
5. Number of consumers maintained in jobs from the previous year
6. Number of participants who participated in integrated community work during the calendar year

Employment options are designed to assist individuals who need more support and supervision to secure employment than is traditionally available through the Division of Vocational Rehabilitation or other employment programs.

Employment includes a range of work options and support levels, formerly known as Supported Employment and Community Employment. This service provides assistance to individuals in identifying, obtaining, and maintaining community-based employment. Individuals receive competitive wages for the work they perform. Services may include preparation of the person for employment, job development, job restructuring and/or carving, job placement, job coaching, and follow up services. Employment consultation services are made available to employers to facilitate the successful employment of the individual within their company.

Employment programs are characterized by three key factors:

- Non-subsidized pay for work.
- Opportunities for integration with persons who are not disabled and are not paid care givers.
- Long and/or short term (time-limited) support services to the individual and to the employer to assist in job retention contingent on the individual's needs.

Referral to the Division of Vocational Rehabilitation is an integral part of the employment program process. This process will be centralized with the Disabilities Services Division, (DSD) as part of the standardized, service delivery system, directed by the contract agency. Authorization for employment services must be obtained from DSD prior to admission into DSD's contracted services.

### **Agency Administrative Requirements**

Contract agencies will provide DSD with a Job Development/ Placement Plan on each client served and notify DSD when the transition from DVR to DSD occurs.

Employment services agencies will meet with Disabilities Services and/or DHS contract staff 2x yearly to discuss services delivery i.e. with client status, service utilization, transition to DVR, and opportunities to communicate service issues as they relate to the provision of employment services.

A Consumer Satisfaction Survey must be issued and a written summary of the results forwarded to DSD/DHS staff.

## **Employment Program Requirements**

1. Maintain written documentation of participant's progress in an individual case file. Monitor progress and document participant's activity. Maintain communication and coordinate planning efforts with the participant and other members of the participant's support system.
2. Provide training or consultative services to the employer of the program participant to insure job retention and understanding of disability. Services may include but are not limited to job re-training, vocational counseling, co-worker training, technical assistance on job accommodations and support groups.
3. Provide discharge planning, including information on how to return to the service system or other employment services.
4. Refer, encourage, and support the individual's involvement in needed community services including educational, functional skill development, leisure/recreation, clinical, and/or advocacy programs as appropriate.
5. Place individuals in community based employment within an average of nine(9) months of enrollment into the program. For non-placement, include a listing of strategies being implemented and developed for placement to occur.
6. Provide follow-up services/contact after job placement to insure job retention has occurred, at 3 and 6 months-check-ups.
7. Identify the feasibility of utilizing work incentives under the Social Security Program, such as, the Impairment Related Work Expense (IRWE) and Plan for Achieving Self Support (PASS) for all participants

## **Expected Outcomes**

Disability Service Division is seeking the following service outcomes:

Increase integrative opportunities for work and/or for social interaction.

Decrease subsidized paid work and enhance traditional work opportunities.

Increase opportunities to earn income.

60% of the Total numbers of the participants in the program will be working in community employment, 30% must be newly placed individuals in the contract year.

**Key supporting indicators for these outcomes include:**

1. Number placed into the community, and
  - a. employed at minimum wage or higher
  - b. employed at sub minimum wage
2. Percentage placed with 90-day retention
3. Average hourly wage at placement
4. Average hours employed at placement
5. Average length of time to placement
6. Number of individuals maintained during the current year who were placed the previous year.

The agency must prepare and submit a report annually indicating client outcomes on areas listed above as a result of service activity also including information on # of clients who had increase wages during the year, # of clients who acquire new job skill/jobs, and # of clients who reached/achieved their individual goals.

**Unit of Service**

**For non-facility based work programs, (e.g.: Employment Programs, Integrative Community Day Services) a unit of service is one-quarter hour of direct service time.**

**Direct service time** is staff time spent in providing service to the program participants, which includes face-to-face contacts (office or field), collateral contacts, telephone contacts, client staffings, and time spent in documentation of service provision. (Direct service does not include indirect time such as that spent at staff meetings, in service training, vacations, etc.)

**Collateral contacts** are face-to-face or telephone contacts with persons other than the program participants, who are directly related to providing service to the person and need to be involved by virtue of their relationship to the program participant. Collateral contacts could include contracts with family members, other service providers, physicians, school personnel, clergy, etc.

Reimbursement for group services is based on one-hour units of direct service time. The total time must be equally divided between each group participant and recorded in the case record of the participant.



## **Documentation**

**Direct service time** must be documented through an entry in the case notes or narrative for units billed. The narrative entry must include (a) the date of the contact; (b) the type of contact (face-to-face, collateral, phone, etc.); (c) who the contact was with; (d) the content of the contact; and (e) the number of units (the length of the contact). The case narrative must be contained in the case record maintained by the agency.

## **COMMUNITY LIVING SUPPORT**

Community living supports is a broad term that represents an array of supports or services to individuals with disabilities who are in the community. Participants or applicants reside independently, with family, significant others or in group-living settings. Participants are typically in need of supports, intervention or services that enable their success, full participation in/or advance in skills for community living.

The service range entails programs for children and adults.

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### **RECREATION**

**DSD011**

Recreation programming for developmentally disabled children and adults provides integrated or specialized opportunities for social interaction, self-expression and entertainment. Programs should be designed to maintain motor skills, leisure skill development and develop recreational interest of consumers. Consumers are offered opportunities to socialize with peers and others while increasing recreational and social skills experiences. Participants engage in activities of interest and are assisted based on their abilities and need for support. Activities are selected based on personal choice or skill.

The goal of recreational resources is to introduce the consumers to a variety of activities and cultural experiences with the intent of enhancing their awareness and involvement in social programming and to incorporate these experiences in their general living and quality of life.

#### **Recreation Service Requirements:**

Two (2) times yearly, the Provider will host an forum/resource fair for system personnel, community providers and participant/families on recreational opportunities in the Milwaukee area.

One time yearly (mid-year) the advocacy agency will participate in a system discussion session with DSD staff to review consumer concerns, discuss service outcomes/satisfaction, unmet and under-served consumer needs and progress of consumer education sessions, and develop an annual program summary to be submitted with the Year 2013 Purchase of Service application.

#### **Unit of Service**

The vendor will be reimbursed for expenses up to 1/12 (one-twelfth) of the annualized contract per month. The reimbursement will be for the actual expenses or 1/12 (one-twelfth) of the contract amount, whichever is lower, based upon a review of the vendor's monthly billing statement. The format of the billing statement will be determined by the Disabilities Services Division and may include program staff, occupancy costs,

equipment costs and other expenses found to be appropriate. The billing statement shall be submitted on a monthly basis.

**Documentation**

Financial records/CPA audit.

Respite care is designed to provide for a substitute caregiver when a interval of support or rest is needed by the primary caregiver. Respite may be provided in the family's home, temporary caregiver's home or an alternate setting mutually agreed upon by County staff, participant and family.

**Agency Administrative Requirement-Respite Care**

Annual program evaluation/summary to be submitted with the Purchase of Service Guidelines, which includes the following elements:

A summary on un-met family/individual needs including feedback on service recommendations and implementation.

Service utilization and program participants' satisfaction.

Outcomes may include reduced parent/caregiver stress, increased opportunities for social activities, and increased caregiver knowledge of community trainings, family support, and advocacy issues, among others.

**Unit of Service**

**A unit of service is one hour of direct service time.**

**Direct service time** is staff time spent in providing service to the program participants which includes; face-to-face contacts (office or field), collateral contacts, travel time, telephone contacts, client staffings and time spent in documentation of service provision. (Direct service time does not include indirect time such as that spent at staff meetings, in service training, vacation, etc.)

**Collateral contacts** are face-to-face or telephone contacts with persons, other than the program participants, who are directly related to providing service to the person and need to be involved by virtue of their relationship to the program participant. Collateral contacts could include contacts with family members, other service providers, physicians, school personnel, clergy, etc.

Reimbursement for group services is based on one-hour units of direct service time. The total time must be equally divided between each group participant and recorded in the case record of the participant.

**Documentation**

**Direct service time** must be documented through an entry in the case notes or narrative for units billed. The narrative entry must include (a) the date of the contact, (b) the type of contact (face-to-face, collateral, phone, etc.), (c) who the contact was with, (d) the content of the contact, and (e) the number of units (the length of the contact). The case narrative must be contained in the case record maintained by the agency.

FOR ADULTS WITH A DEVELOPMENTAL AND/OR PHYSICAL DISABILITIES AND A SECONDARY CONDITION OF MENTAL HEALTH OR SIGNIFICANT BEHAVIORAL CHALLENGES

## **INTRODUCTION**

The Milwaukee County Department of Health and Human Services Disabilities Services Division (DSD) is seeking proposals to create Stabilization-Crisis Home (SCRH) sites that will provide a short-term stay to address adults with disabilities in behavioral crisis and, be fully accessible to support individuals with physical challenges. The goal for this resource development is to expand the community service system with a resource model that serves as a residential treatment location that offers social service supports to aid adults who are developmentally and/or physically disabled and have a significant mental health crisis or exhibit chronic behavioral challenges as a secondary condition.

DSD vision of the SCRH is to develop and utilize a community-based setting deterring the adults from institutional care. The Stabilization-Crisis Home will link to personnel and support services to de-escalate the individual's situation and implement a structure and system of professional crisis supports to facilitate continued community living.

## **BACKGROUND**

Disabilities Services Division initiated a Stabilization-Crisis Home service in 2007. Since the onset, the SCR home has assisted several adults residing in the community with stabilization challenges that required a short-term stay, away from the individual daily living arrangement/home. The intent of the service was achieved as adults with disabilities were diverted from in-patient stays at BHD's mental health facility and a new community intervention service was established. Many individuals were also able to continue in community living, returning to their homes and, the respite home resulted in a cost benefit to Milwaukee County.

In 2010 Milwaukee County DHHS personnel at Disabilities Services and Behavioral Health Divisions along with other local stakeholders established a workgroup to participate in a series of discussions on the community service system addressing crises. The needs of adults with developmental disabilities in crisis utilizing BHD services and inpatient stays, was a primary topic. The workgroup reviewed the needs these adults in the community waitlisted for services, those who transitioned from Hilltop and other ICF-MRs' and, discuss current Hilltop residents in planning for future

transition to the community. Service recommendations were identified with this expansion service addressing one of the need areas. As a result, the 2012 adopted budget highlighted this initiative as needing continued support, and approved the planned investment to enhance community resources targeting individuals with developmental disabilities and mental health issues. The proposed home/sites, stabilization-crisis house, is a result of the workgroup's effort that received fiscal support from the County Board for expansion.

Funding has been allocated to address additional stabilization-crisis beds and, program enhancements for physical accessible modifications to support accommodations necessary for individuals' with developmental and physical disabilities in mental health crisis to sustain successful living in the community.

## **SERVICE DESIGN**

The Stabilization-Crisis Home model, by design, is planned to operate a residential resource with capacity for 8 bed arrangements, (2 sites – 4 beds each). The sites are to be community-based facilities created as a stabilization service that facilitates basic residential service with safety as a primary focus, and professional supports of staff trained in interventions for individuals who are developmentally and physically disabled in a mental health-behavioral crisis period. The goal of the “new” stabilization initiative is to:

1. provide additional crisis beds in the community, from four beds previously, to eight beds with an emphasis on intervention and stabilization.
2. make further improvements to the respite home and its application for adults with physical challenges, by creating a fully physical accessible site, as well as a behavioral intervention service, and
3. enhance community support system that will be needed to aid the reorganization of services for individuals with cognitive disabilities at BHD- Hilltop, who will be part of the downsizing efforts at the ICF-nursing home facility.

This new SCRH resource expansion effort will not only assist adults who are waitlisted in the community, in addition, it will serve as an option for individuals placed in the community from Hilltop who experience a set-back, and/or divert potential new admissions to Hilltop or other BHD services.

The SCRH service plan remains, to utilize a community-based licensed home setting that provides an alternate residence for a short-term stabilization period, deterring an adult from institutional care, and maintaining the social or work services the person is engaged in, where feasible.

Services are focused to address inappropriate, dysfunctional and high-risk behaviors presented by an individual with a disability, facilitating community living stability while developing strategies to address behavioral difficulties. The ultimate objective is to

return the individual to their home or primary residence as soon as possible and resume the regular activities of daily living with a behavioral strategy.

The SCRH is an intervention/prevention service model of delivery, where the support team develops a behavioral support plan focused on maintaining the participant's residence and supporting caregivers through a difficult episode with strategies to alter challenging behaviors. The SCRH will link the residential-treatment provider staff, a DSD representative, and where appropriate a publicly funded- LTC system staff, with professional clinical support to seek a plan of prevention and/or intervention on behalf of the individual in crisis and the primary caregiver. The team approach will enable professional support and consultation during and after the crisis with focus on decreasing or preventing future episodes.

The selected provider will be able to maximize resources through utilizing Medicaid billing for crisis services. The provider will need to address all required documentation and collaborate with Milwaukee County DSD administration and data personnel on the required process and forms to complete for billing. Revenues earned from the special Medicaid billing will offset professional staff and program costs.

The Stabilization-Crisis Home must be available in 2012. DSD anticipates the home and service will be open for business in the late fall of 2012.

Important elements for this Stabilization-Crisis Home service are:

- A close collaborative, professional relationship with all parties on behalf of the person and primary home site.
- Accurate data gathering on persons served and review for fine tuning service delivery as well as tracking program outcomes.
- Participation by the involved parties in a review of the crises and future planning with the caregiver, family or significant others.
- Periodic follow-up to assist with maintaining client stability in the home and community.
- Be a fully physical accessible home site.

The primary objectives of the community-based SCRH service are threefold:

1. Develop a support model that provides a community residential option paired with experience professionals in crisis management to provide guidance and address crises.
2. Develop a residential service model for the homes designed to offer a consultative support model after discharge of a resident that diverts individuals from frequent returns to the home or inpatient treatment care, and

3. Create a service that offers a short-term stay for adults with cognitive disabilities and physical conditions requiring a physical accessible site, who are in crisis.

DSD is seeking a provider to:

- Develop and integrate a team approach with DSD and active parties involved in the home service model, or the primary caregiver for an individual.
- Accept only referrals made through DSD. Individuals admitted to the SCRH will be reviewed by DSD and screened by the residential treatment provider.
- Formal authorization for admission must be acquired from DSD.
- Provide 24-hour supervision when an individual/resident(s) is present in the home.
- Provide flexible staff pattern (home manager) to meet at various locations to aid with follow-up monitoring and support of a resident or to assess an individual for admission.
- Develop staff capacity to visit the primary home/dwelling of a SCRH participant.
- Provide hours of operation for the home resource -staffing from 8 a.m. to 6 p.m., Monday through Friday, an on-call/as needed status.
- Install a phone system with availability to staff on weekdays 8 a.m. to 6 p.m., weekdays. And, for weekends 9 a.m. to noon via cell phone for DSD designated staff contact.
- Demonstrate the ability to develop professional Medicaid Crisis Intervention and Stabilization services provided by agency staff and bill for Medicaid revenue under HFS 34.
- To develop budgets that reflect projected revenues and costs associated with the provision of crisis and stabilization services.

## **TARGET GROUP**

Individuals to be considered for the SCRH by design are developmentally and physically disabled with secondary conditions of a mental health diagnosis or current patterns of behavioral instability. The conditions/characteristics typically seen are:

- Impulsive behavioral outburst patterns.
- Physical aggression.
- Self-abusive behavior.
- Property destruction.
- Threatening behavior toward others.
- Running away from home setting.
- Striking others.
- Refusal to go to appointments.
- Withdrawal from participating in socializing with others.



Individuals to be served in the home are typically wait-listed for services and may reside with family, significant others or in semi-independent settings or, the candidate may be relocated from a nursing home or ICF setting. However, all candidates must meet and pass the State of Wisconsin Long-Term Care Functional Screen to receive on-going support.

Service Outcomes to be achieved by the SCRH:

1. Reduce the number of admissions of adults with developmental disabilities in PCS, Acute inpatient or Observation services.
2. Reduce the length of stay of adults who are inpatient at mental health/psychiatric hospitals.
3. Establish a specialized residential setting by providing a facility offering short-term stays for stabilization.
4. Provide linkage and follow-up services for adults admitted to the home and their respective home/family or caregivers.

## **WORK PLAN**

Agency/Provider responding to this RFP will need to include a Work Plan that outlines the critical functions and timeline or schedules of activities to address the expeditious opening of the Stabilization-Crisis Home.

The work plan should include at minimum, the “key” activities/tasks and timeline to address the following areas:

- acquire residential setting(s) or modify an existing homes
- acquisition of staff -direct support and supervisory
- create and complete a home staffing coverage plan and the chain of administrative oversight. Including staff/process to provide or link to consultative service.
- clarify or develop a plan that addresses the agency’s capacity to meet criteria identified for billing under HFS 34 for crisis intervention service.

## **PROVIDER EXPERIENCE**

Provider qualifications and experience must meet the basic criteria for DSD consideration.

A Provider must be:

- Familiar with dual conditions (developmental disabilities and mental health) in addition to having an understanding of current service philosophy and provide reasonable flexibility in service to meet the different needs of the population.
- Accommodating and strive for cultural and social competencies, i.e., ethnic, religious or gender factors.
- Identify and demonstrate linkage to “critical” services (clinical supports) typically needed for crisis stabilization.
- Develop capacity needed to meet compliance with HFS 34 that includes professional staff necessary to implement and deliver in-home crisis services and follow-up services.

### **Specialized Background of the Provider:**

- 5 years of experience with the provision of residential services.
- 5 years of experience in service provision for adults with developmental disabilities and with mental health or chronic behavioral challenges.
- 5 years of experience working with adults in crisis intervention and stabilization.
- 5 years of experience working with families through informal and formal counseling and guidance services.

### **Agency Administrative Requirement, Stabilization-Crisis Home**

The Provider shall submit an annual program evaluation/summary that includes the following elements:

\*Information on service utilization and number of repeat admissions to the home.

\*Number of repeat inpatient psychiatric admissions of 2 days or more for medication adjustment or psychiatric episode.

\*Number of consumers receiving assertive case intervention (ASI) services.

\*Number of consumers maintained in or those assisted to move into stable housing.

\*Number of families, guardians and/or significant others (primary residence of the consumer) receiving education and support from staff at the Stabilization Crisis Home(s)/sites or from other treating professionals.

\*Number of families, consumer/participant or significant others who received education and support post discharge of SCRH service.

## **AVAILABLE FUNDS**

Disabilities Services has funding available for the Stabilization-Crisis Homes up to \$500,000 for residential sites to support up to 8 people. These funds are available on a calendar year basis to support the residential sites and services. Funds can be used for the home operations, staffing, training, and ancillary supportive services necessary for home implementation.

The 2014 allocation will be prorated contingent on the scheduled opening of the site.

## **GENERAL REQUIREMENTS**

A cover letter should accompany each proposal, which indicates the name of the individual who should be contacted if clarification of the proposal's content is necessary and specifies the agency representatives of the firm to meet with the County for a formal interview, if requested.

An in-person presentation of the proposal to the County may be required. All expenses incurred by the firm for the completion of this proposal including, but not limited to interviewing, in-person presentations and clerical expenses are to be paid by the firm. The County reserves the right to reject any and all proposals and to accept the proposals most advantageous to Milwaukee County or re-advertise.

Interested vendors must be able to enter into a standard purchase of service agreement with the Department of Health and Human Services after approval by the Milwaukee County Board of Supervisors and the County Executive.

Supported Parenting is a sub category of the supportive living program service or case monitoring service. This service provides training, counseling and intervention to adults with Developmental Disabilities who are also parents. The focus of this service is to offer guidance in community living and parenting. Participants are encouraged to identify their needs, routines, challenges, as well as family needs. Training and supports in personal skills and parenting skills vary. Guidance on how to support the family unit is provided on an individual and/or a group basis.

Persons receiving this service generally lack a natural support network or the extended family and friends are unable to assist at the level needed for successful family community living. Subsequently, staff seeks mentors and uses the mentoring approaches to foster learning. Staff provides practical and functional training in daily living skills, decision-making, social and community training, in addition to informal child rearing counseling, parenting skills and service coordination. The goal is to teach adult community living skills and promote stability in the family unit through guiding the parent to learn about and understand the parental role. Staff also functions as advocates for the parent on educational, medical and social service issues where the child is involved.

#### **Agency Service Requirements - Supported Living: Supported Living and Parenting Programs**

For Supported Parenting providers must produce a quarterly summary report including information on persons served, needs identified-addressed, progress made and unmet needs, and submit it to DD management staff.

Agency must submit a semi-annual update on the services provided frequency and identify the general goals of the participants and progress made.

Agency must provide training in self-advocacy on elements of self-determination.

Agency must issue a Participant satisfaction survey.

Annual program summary/evaluation to be submitted with 2013 Purchase of Service application. The summary should include the outcome data and service information or findings of the participant satisfaction survey.

#### **Supportive Living Programs Service Requirements**

All agencies seeking to provide Supportive Living Programs must comply with the following requirements:

1. Develop a supportive living plan(SLP) for each participant based on an assessment that addresses his/her needs and specifies responsibilities, methods to be used, and time frames for completion. Provide ongoing monitoring of progress towards attaining goals and recommend changes, including discharge planning as needed. Visit the program participant with frequency sufficient to ensure progress in the SLP. Coordinate semiannual staffing with appropriate parties to review status. The SLP should provide or arrange for training or support in the following areas as determined by the initial assessment and progress:
  - a. housekeeping and home maintenance skills
  - b. mobility and community transportation skills
  - c. interpersonal skills and relationships
  - d. health maintenance
  - e. safety practices
  - f. financial management
  - g. problem solving and decision-making
  - h. self-advocacy and assertiveness training
  - i. utilization of community resources and services
  - j. recreational and leisure skills
  - k. basic self-care skills
  - l. menu planning and meal preparation
  - m. communication skills
  - n. time management
  - o. coping with crises
  - p. forming natural support systems
2. Maintain written documentation in case files of contacts visits, telephone conversations with program participant, service providers and significant others.
3. Provide case management and informal counseling for individuals as needed. Case management services include but are not limited to:
  - a. Ensure referral and follow-through to needed community services including vocational, educational, medical, psychological, alcohol and drug abuse and other specialized services, as appropriate. Maintain communication and coordination with other service providers.
  - b. Provide prompt intervention to resolve interpersonal and community living problems.
  - c. Encourage and support the individual's involvement in community activities, self-help and advocacy programs in order to facilitate the development of consumer choice in service planning.
  - d. Assist individuals in applying for benefits as appropriate and securing needed documentation to resolve problems concerning those benefits.

- e. Assist the individual in screening, hiring and training attendant and respite workers as required. Help the individual participant understand their responsibilities as employers.
  - f. Aid in the development of (or maintaining) a support network for the participant(s).
- 4. Maintain a 24-hour coverage plan to respond to residents when ill or in case of emergency. The agency must maintain a log of the emergency calls and the response time to an emergency call.
  - 5. Develop and review a "Safeguard Program Checklist" that identifies items/services or procedures critical for the care, stability or safety of the participant in the event of an emergency. And, review the list with participant/guardian, where appropriate.

### **Unit of Service**

A unit of service is one-quarter hour of direct service time.

**Direct service time** is staff time spent in providing service to the program participants which includes face to-face contacts (office or field), collateral contacts, travel time, telephone contacts, client staffing and time spent in documentation of service provision. (Direct service time does not include indirect time such as that spent at staff meetings, in-service training, and vacation.

Collateral contacts are face-to-face or telephone contacts with persons other than the program participants, who are directly related to providing service to the person and need to be involved by virtue of their relationship to the program participant. Collateral contacts could include contacts with family members, other service providers, physicians, school personnel, clergy, etc. Reimbursement for group services is based on one-hour units of direct service time. The total time must be equally divided between each group participant and recorded in the case record of the participant.